Electronic Signature of Signing Officer/Director Detail

#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N94000005076

Entity Name: EQUESTRIAN AID FOUNDATION, INC.

## Current Principal Place of Business:

11924 WEST FOREST HILL BLVD SUITE 22-377 WELLINGTON, FL 33414

# **Current Mailing Address:**

11924 WEST FOREST HILL BLVD SUITE 22-377 WELLINGTON, FL 33414 US

#### FEI Number: 65-0546516

# Name and Address of Current Registered Agent:

JACQUIE, MCCUTCHAN 11924 WEST FOREST HILL BLVD. SUITE 22-377 WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

# Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	Ρ	Title	VP
Name	EVANS, SCOTT	Name	GRAY, AL
Address	13 BURNHAM WOOD COURT	Address	P.O. BOX 123
City-State-Zip:	ANNAPOLIS MD 21403	City-State-Zip:	BOSTON MA 11932
Title	Т	Title	S
Name	MCCUTCHAN, JACQUELINE	Name	KURSAR, SHERYL
Address	1400 CRESTWOOD COURT S #1406	Address	7710 SETON HOUSE LANE
City-State-Zip:	ROYAL PALM BEACH FL 33411	City-State-Zip:	CHARLOTTE NC 28277

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: JACQUELINE MCCUTCHAN

TREASURER

03/25/2013 Date

#### FILED Mar 25, 2013 Secretary of State CC5029533813

Certificate of Status Desired: Yes

Date