2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400005076

Entity Name: EQUESTRIAN AID FOUNDATION, INC.

FILED Apr 13, 2018 **Secretary of State** CC1151259003

Current Principal Place of Business:

11924 WEST FOREST HILL BLVD **SUITE 10A-377** WELLINGTON, FL 33414

Current Mailing Address:

11924 WEST FOREST HILL BLVD **SUITE 10A-377** WELLINGTON, FL 33414 US

FEI Number: 65-0546516 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRAY, JANISE 11924 WEST FOREST HILL BLVD **SUITE 10A-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: JANISE L. GRAY 04/13/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title

Name ROSS, ROBERT Name EVANS, R. SCOT

2873 WINDING OAKS LANE | UNIT A 13 BURNHAM WOOD COURT Address Address

City-State-Zip: WELLINGTON FL 33414 City-State-Zip: ANNAPOLIS MD 21403

TREASURER Title **SECRETARY** Title

Name CASE, MARILOU KEITZ, MONIQUE HUNTINGTON Name

Address **6 KENTWORTH COURT** 8231 BRIDLE PATH Address City-State-Zip: FLEMINGTON NJ 08822 City-State-Zip: BOCA RATON FL 33496

Title **DIRECTOR**

Title DIRECTOR ANDRISANI, LINDA Name Name GRAY, JANISE L.

Address 12869 MEADOWBREEZE DRIVE Address 11924 WEST FOREST HILL BLVD

SUITE 10A-377

City-State-Zip: WELLINGTON FL 33414 WELLINGTON FL 33414 City-State-Zip:

Title **DIRECTOR**

Title **DIRECTOR** DUNION, JENNY Name BRENNAN, PATRICIA TUCKER Name

102 SHEWELL AVENUE Address

City-State-Zip: **BRIDGEHAMPTON NY 11932** City-State-Zip: DOYLESTOWN PA 18901

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Address

P.O. BOX 123

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.

04/13/2018 SIGNATURE: JANISE L. GRAY DIRECTOR

Officer/Director Detail Continued:

Title DIRECTOR

Name GRAY, ALFRED ESQ.

Address 3 JILL CIRCLE

City-State-Zip: NORTH READING MA 01864

Title DIRECTOR

Name LUCZAK-SMITH, MISSY Address 1915 CHATHAM AVENUE

City-State-Zip: CHARLOTTE NC 28205

Title DIRECTOR

Name STEVENS, KARA JO

Address 13114 24TH COURT NORTH
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR

Name KORNHEISL, NORA

Address 13005 SOUTHERN BLVD / SUITE 123

City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR

Name RIGGIO, LOUISE

Address 720 PARK AVENUE / #10A

City-State-Zip: NEW YORK NY 10021