

2024 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 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:** No**Name and Address of Current Registered Agent:**CASE, MARILOU TREASURER
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:** MARILOU CASE

01/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title LEADERSHIP TEAM
MEMBER/DIRECTOR
Name ROSS, ROBERT
Address 2971 BENT CYPRESS ROAD
City-State-Zip: WELLINGTON FL 33414

Title LEADERSHIP TEAM
MEMBER/DIRECTOR
Name EVANS, R. SCOT
Address 13 BURNHAM WOOD COURT
City-State-Zip: ANNAPOLIS MD 21403

Title LEADERSHIP TEAM
MEMBER/DIRECTOR
Name KEITZ, MONIQUE HUNTINGTON
Address 8231 BRIDLE PATH
City-State-Zip: BOCA RATON FL 33496

Title TREASURER/LEADERSHIP TEAM
MEMBER/DIRECTOR
Name CASE, MARILOU
Address 6 KENTWORTH COURT
City-State-Zip: FLEMINGTON NJ 08822

Title DIRECTOR
Name ANDRISANI, LINDA
Address 12869 MEADOWBREEZE DRIVE
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name BRENNAN, PATRICIA TUCKER
Address 102 SHEWELL AVENUE
City-State-Zip: DOYLESTOWN PA 18901

Title DIRECTOR
Name DUNION, JENNY
Address P.O. BOX 123
City-State-Zip: BRIDGEHAMPTON NY 11932

Title DIRECTOR
Name KORNHEISL, NORA
Address 13005 SOUTHERN BLVD / SUITE 123
City-State-Zip: LOXAHATCHEE FL 33470

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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: JAMIE SUMMERSIDE**DIRECTOR OF GRANT
RECIPIENT SERVICES**

01/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LUCZAK-SMITH, MISSY
Address 1915 CHATHAM AVENUE
City-State-Zip: CHARLOTTE NC 28205

Title BOARD OF DIRECTOR
Name ANDERSON, JAMES
Address 15 WATTS STREET
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR
Name HARLAN MALTAS, AMANDA
Address PO BOX 352
City-State-Zip: OAKVILLE CA 94562-0352

Title GRANT RECIPIENT SERVICES DIRECTOR
Name SUMMERSIDE, JAMIE
Address 11924 W. FOREST HILL BLVD.
SUITE 10A-377
City-State-Zip: WELLINGTON FL 33414

Title LEADERSHIP TEAM
MEMBER/DIRECTOR
Name RIGGIO, LOUISE
Address 720 PARK AVENUE
APT 10A
City-State-Zip: NEW YORK NY 10021

Title BOARD OF DIRECTORS
Name HOOKER, NANCY
Address 2136 APPALOOSA TRAIL
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR OF MARKETING AND
COMMUNICATIONS
Name CLELAND, EMILY
Address 11924 W. FOREST HILL BLVD.
SUITE 10A-377
City-State-Zip: WELLINGTON FL 33414