

**2019 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

05/29/2019

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

**Continues on page 2**

*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:** MARILOU CASE

TREASURER

05/29/2019

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 DIRECTOR  
Name STEVENS, KARA JO  
Address 13114 24TH COURT NORTH  
City-State-Zip: LOXAHATCHEE FL 33470

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