

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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:** 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**10/31/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BULGER, STEPHANIE RIGGIO
Address 14225 STROLLER WAY
City-State-Zip: WELLINGTON FL 33414

Title VP
Name GRAY, ALFRED A. ESQ.
Address 3 JILL CIRCLE
City-State-Zip: BOSTON MA 01864

Title SECRETARY
Name KEITZ, MONIQUE HUNTINGTON
Address 8231 BRIDLE PATH
City-State-Zip: BOCA RATON FL 33496

Title TREASURER
Name CASE, MARILOU
Address 6 KENTWORTH COURT
City-State-Zip: FLEMINGTON NJ 08822

Title DIRECTOR
Name GRAY, JANISE L.
Address 11924 WEST FOREST HILL BLVD
 SUITE 10A-377
City-State-Zip: WELLINGTON FL 33414

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: JANISE L. GRAY**DIRECTOR****10/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date