

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002867

**Entity Name:** HUMANE EQUINE AID & RAPID TRANSPORT, INC.

**Current Principal Place of Business:**

179 ACORN HILL DR  
MADISON, VA 22727

**Current Mailing Address:**

179 ACORN HILL DR  
MADISON, VA 22727 US

**FEI Number: 22-3740396**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT LLC.  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SWEELY, ROBIN  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            COHEN, SHANETTE BARTH  
Address        179 ACORN HILL DR  
City-State-Zip: MADISON VA 22727

Title            SECRETARY  
Name            MACDONALD, SHARON  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            HITCHCOCK, ANTHONY  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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: SWEELY , ROBIN**

**PRESIDENT, DIRECTOR**

**02/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date