

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005262

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** EQUINE NEUROLOGY RESEARCH, INC.

**Current Principal Place of Business:**

1301 W GARDEN ST  
PENSACOLA, FL 32502

**New Principal Place of Business:**

404 TERRAPIN TRACE  
DESTIN, FL 32541 US

**Current Mailing Address:**

1301 W GARDEN ST  
PENSACOLA, FL 32502

**New Mailing Address:**

404 TERRAPIN TRACE  
DESTIN, FL 32541 US

**FEI Number:** 27-2696790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASS & SANDFORT ACCOUNTANTS PA  
1301 W. GARDEN ST.  
PENSACOLA, FL 32502 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** DVPT  
**Name:** CARTER, DANIEL  
**Address:** 404 TERRAPIN TRACE  
**City-St-Zip:** DESTIN, FL 32541 US

**Title:** DPS  
**Name:** GUENNEWIG, VICTORIA  
**Address:** 404 TERRAPIN TRACE  
**City-St-Zip:** DESTIN, FL 32541 US

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:** DANIEL CARTER

D

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date