

N16 000009424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certific Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500412001505

07/12/23--01012--012 \*\*35.00

FILED  
2023 JUL 12 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 25 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INSPIRE EQUINE THERAPY PROGRAM, INC.

Name of Corporation

**DOCUMENT NUMBER:** N16000009424

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE CLELAND

Name of Contact Person

INSPIRE EQUINE THERAPY PROGRAM, INC.

Firm/Company

1743 DONCASTER ROAD

Address

CLEARWATER, FLORIDA 33764

City/State and Zip Code

nbell@legacyprotectionlawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE CLELAND

at ( 727 ) 471-5868

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|--|---|--|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2023 JUL 12 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FL

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)  
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

- The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
INSPIRE EQUINE THERAPY PROGRAM, INC.
- This entity was authorized to transact business in Florida on 9/26/2016 and its Florida document number is N16000009424
- This corporation was formed under the laws of FLORIDA
- The name and address of each officer and/or director is as follows:

| <u>Title:</u>         | <u>Name and Address</u>   |
|-----------------------|---|
| <u>President</u>      | <u>Philip DiBlasi</u><br><u>2980 Swan Circle</u><br><u>Dunedin, Florida 34698</u>                         |
| <u>Vice-President</u> | <u>Linda Metzkw</u><br><u>9925 Ulmerton Road #86</u><br><u>Largo, Florida 33771</u>                       |
| <u>Treasurer</u>      | <u>Ryan Hayden</u><br><u>600 Cleveland St. Suite 1000</u><br><u>Clearwater, Florida 33755</u>             |
| <u>Secretary</u>      | <u>Nicole Cleland</u><br><u>100 - 2nd Avenue South, Suite 900</u><br><u>St. Petersburg, Florida 33701</u> |

(Attach additional pages if necessary)

Signature of an officer or director  
Nicole Cleland  
Typed or printed name of person signing

Secretary  
Title of person signing

**FILING FEE \$35**

Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314