

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007948

**Entity Name:** EQUINE HERITAGE INSTITUTE, INC.

**Current Principal Place of Business:**

3024 MARION COUNTY ROAD  
WEIRSDALE, FL 32195

**Current Mailing Address:**

3024 MARION COUNTY ROAD  
WEIRSDALE, FL 32195

**FEI Number:** 59-3683757

**Certificate of Status Desired:** No

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

AUSTIN, GLORIA  
3024 MARION COUNTY ROAD  
WEIRSDALE, FL 32195 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 PD  
Name AUSTIN, GLORIA  
Address 3024 MARION COUNTY ROAD  
City-State-Zip: WEIRSDALE FL 32195

Title D  
Name FELDMAN, JOHN H  
Address 215 N. JOANNA AVE  
City-State-Zip: TAVARES FL 32778-3200

*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:** GLORIA AUSTIN

**PRESIDENT**

**01/22/2014**

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

\_\_\_\_\_  
Date