

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009424

Entity Name: INSPIRE EQUINE THERAPY PROGRAM, INC.

Current Principal Place of Business:

1743 DONCASTER RD.
CLEARWATER, FL 33764

Current Mailing Address:

1743 DONCASTER RD.
CLEARWATER, FL 33764 US

FEI Number: 81-3960240

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YARBROUGH, MELISSA K
269 ARBOR DRIVE WEST
PALM HARBOR, FL 34683 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
Name WHITE, GAIL
Address 4201 BAYSHORE BLVD
 UNIT 703
City-State-Zip: TAMPA FL 33611

Title VP
Name GAGNON, CHRISTINE
Address 618 BELLE ISLE AVE
City-State-Zip: BELLEAIR BEACH FL 33786

Title TREASURER
Name HAYDEN, RYAN
Address 600 CLEVELAND ST.
 STE. 1000
City-State-Zip: CLEARWATER FL 33755

Title CEO
Name YARBROUGH, MELISSA
Address 269 ARBOR DRIVE WEST
City-State-Zip: PALM HARBOR FL 34683

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: MELISSA YARBROUGH

CEO

01/29/2022

Electronic Signature of Signing Officer/Director Detail

Date