

2021 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	TREASURER
Name	FRIED, PATRICIA
Address	1750 ARCADIA ROAD
City-State-Zip:	HOLIDAY FL 34690

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

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**EXECUTIVE DIRECTOR****01/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date