

2024 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:

LEGACY PROTECTION SERVICES, LLC
100-2ND AVENUE SOUTH
SUITE 900
ST. PETERSBURG, FL 33701 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 TREASURER
Name HAYDEN, RYAN
Address 600 CLEVELAND ST.
 STE. 1000
City-State-Zip: CLEARWATER FL 33755

Title CEO, DIRECTOR
Name LONGMIRE, MOLLY
Address 1743 DONCASTER RD.
City-State-Zip: CLEARWATER FL 33764

Title PRESIDENT
Name DIBLASI, PHILIP
Address 2980 SWAN CIRCLE
City-State-Zip: DUNEDIN FL 34698

Title VICE-PRESIDENT
Name METZKOW, LINDA
Address 9925 ULMERTON ROAD
 #86
City-State-Zip: LARGO FL 33771

Title SECRETARY
Name CLELAND, NICOLE
Address 100-2ND AVENUE SOUTH
 SUITE 900
City-State-Zip: ST. PETERSBURG FL 33701

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: PHILIP DIBLASI

PRESIDENT

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date