

**2020 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:**

269 ARBOR DRIVE WEST  
PALM HARBOR, FL 34683

**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: BELLEAR BEACH FL 33786

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

*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**

**05/15/2020**

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

\_\_\_\_\_  
Date