

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009293

Entity Name: ANOTHER CHANCE STABLES, INC**Current Principal Place of Business:**125 S STATE RD 7, STE #104196
WELLINGTON, FL 33414**Current Mailing Address:**P. O. BOX 2977
S. PALM BEACH, FL 33480 US**FEI Number:** 82-2886021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAVO, ADA F
18501 PINES BLVD SUITE #105
PEMBROKE PINES, FL 33029 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, DIRECTOR
Name	ANDERSON, PAMELA ANN
Address	P. O. BOX 2977
City-State-Zip:	S. PALM BEACH FL 33480

Title	ASSIST DIRECTOR
Name	ANDERSON, AARON MARK
Address	P. O. BOX 2977
City-State-Zip:	S. PALM BEACH FL 33480

Title	MEMBER
Name	VIVANCO, MARYANN
Address	P. O. BOX 2977
City-State-Zip:	S. PALM BEACH FL 33480

Title	MEMBER
Name	CARTER BRETT, BELINDA
Address	P. O. BOX 2977
City-State-Zip:	S. PALM BEACH FL 33480

Title	ASSIST DIRECTOR
Name	ANDERSON, SETH JOSHUA
Address	P. O. BOX 2977
City-State-Zip:	S. PALM BEACH FL 33480

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: PAMELA ANN ANDERSON**PRESIDENT****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date