

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012076

Entity Name: INTERNATIONAL ASSOCIATION OF PROFESSIONAL FARRIERS INC.**FILED**
Jan 12, 2021
Secretary of State
8477590004CC**Current Principal Place of Business:**44 DORCHESTER B
WEST PALM BEACH, FL 33417**Current Mailing Address:**44 DORCHESTER B
WEST PALM BEACH, FL 33417 US**FEI Number: 47-5097049****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**QUINSEY, BRYAN J
44 DORCHESTER B
WEST PALM BEACH, FL 33417 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	P
Name	LESPERANCE, CATHY A
Address	555 ST. GEORGE STREET EAST
City-State-Zip:	FERGUS, ONTARIO N1M 1L1 FL

Title	T
Name	BLOOM, ROYDEN A
Address	14785 US HWY 63
City-State-Zip:	DRUMMOND WI 54832

Title	D
Name	BERGELEEN, CALEB C
Address	813 FM 3000
City-State-Zip:	EGLIN TX 78621

Title	VP
Name	REILLY, FRANK K
Address	325 WESTTOWN ROAD # 15
City-State-Zip:	WEST CHESTER PA 19382

Title	D
Name	WYNBRANDT, ADAM D
Address	1223 BLUMENFELD DRIVE
City-State-Zip:	SACRAMENTO CA 95815

Title	D
Name	SANDERS, JOSHUA M.
Address	819 FIRST STREET
City-State-Zip:	CANONSBURG PA 15317

Title	D
Name	MACRAE, MICHELE H
Address	9 CHURCHILL CRES E
City-State-Zip:	FERGUS ONTARIO N1M1A6

Title	D
Name	SANTORO, TODD F
Address	1713 STATE ROUTE 229
City-State-Zip:	ASHLEY OH 43003

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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: BRYAN J. QUINSEY**SECRETARY****01/12/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	D	Title	DST
Name	YODER, LESTER J	Name	QUINSEY, BRYAN J
Address	5242 FORCE ROAD	Address	44 DORCHESTER B
City-State-Zip:	SHREVE OH 44676	City-State-Zip:	WEST PALM BEACH FL 33417