

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001776

Entity Name: INSTRIDE THERAPY, INC.**Current Principal Place of Business:**1629 RANCH RD
NOKOMIS, FL 34275**Current Mailing Address:**1629 RANCH RD
NOKOMIS, FL 34275 US**FEI Number:** 65-0536169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NASTAN, MARY L
1629 RANCH RD
NOKOMIS, FL 34275 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:** MARY L. NASTAN

06/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SUTTON, BILL
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title EX-O
Name NASTAN, MARY L
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title SECRETARY
Name KOEFFLER, CARLA
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title TREASURER
Name FROST, KLAUS
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title VC
Name ANGELORO, ELISE
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name MOON, STEWART
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name BURKEY, JOHN
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name SPILLMAN, LISA
Address 10619 GLENCORSE TERRACE
City-State-Zip: BRADENTON FL 34211

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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: TOM WATER

CEO

06/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CEO
Name WATER, TOM
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name HOUSEWORTH, GARY
Address 1629 RANCH RD
City-State-Zip: NOKOMIS FL 34275