

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009450

**Entity Name:** HORAN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**243 PONCE DE LEON AVENUE VENICE  
VENICE, FL 34285**Current Mailing Address:**243 PONCE DE LEON AVENUE VENICE  
VENICE, FL 34285 US**FEI Number: 83-1948519****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASS, FORREST J ESQ  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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	PD
Name	HORAN, CAROL J
Address	243 PONCE DE LEON AVENUE
City-State-Zip:	VENICE FL 34285

Title	VPD
Name	HORAN, ANDREW
Address	116 SEATON PLACE NW
City-State-Zip:	WASHINGTON DC 20001

Title	SD
Name	MIHM, LEAH
Address	183 BELMONT CIRCLE
City-State-Zip:	BRUNSWICK GA 31525

Title	T
Name	HORAN, BRIDGET
Address	212 W. POWHATAN AVENUE
City-State-Zip:	TAMPA FL 33604

Title	D
Name	HORAN, MICHAEL A
Address	243 PONCE DE LEON AVENUE
City-State-Zip:	VENICE FL 34285

Title	D
Name	WOODY, NATALIE
Address	1345 BROOKSIDE DRIVE
City-State-Zip:	VENICE FL 34285

Title	D
Name	HORAN, MATTHEW
Address	212 W. POWHATAN AVE.
City-State-Zip:	TAMPA FL 33604

*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: MICHAEL A. HORAN****DIRECTOR****05/21/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date