

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009965

**Entity Name:** HORSES WITHOUT HUMANS RESCUE ORGANIZATION CO

**Current Principal Place of Business:**

6191 N US HIGHWAY 129  
BELL, FL 32619

**Current Mailing Address:**

6191 N US HIGHWAY 129  
BELL, FL 32619 US

**FEI Number: 82-2321776**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GRANT, ROSE  
6191 N US HIGHWAY 129  
BELL, FL 32619 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 DELINE, GREG  
Address 6191 N US HIGHWAY 129  
City-State-Zip: BELL FL 32619

Title COO  
Name SCHREIBER, LARRY  
Address 18768 NW 244TH STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title CFO  
Name GRANT, ROSE  
Address 6191 N US HIGHWAY 129  
City-State-Zip: BELL FL 32619

Title VP  
Name SCHREIBER, WENDY  
Address 18768 NW 244TH STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR  
Name MOURAS, REBECCA  
Address 1146 SW MANDIBA DRIVE  
City-State-Zip: LAKE CITY FL 32024

*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: ROSE GRANT**

**CFO**

**04/13/2023**

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

\_\_\_\_\_  
Date