

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000008062

Entity Name: LITTLE CREEK EQUESTRIAN EDUCATION ACADEMY, INC.**Current Principal Place of Business:**15310 NATURES POINT LN.
WELLINGTON, FL 33414**Current Mailing Address:**15310 NATURES POINT LN.
WELLINGTON, FL 33414 US**FEI Number:** 85-3206246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOORAKIAN, DANIEL ESQ.
625 N. FLAGLER DRIVE, STE. 605
WEST PALM BEACH, FL 33401 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	D
Name	FOSTER, TIFFANY
Address	15310 NATURES POINT LN.
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	UYS, SHIRRA
Address	2830 TWIN OAKS WAY
City-State-Zip:	WELLINGTON AL 33414

Title	D
Name	ZIEGLER, CARLENE
Address	100 N. CORPORATE DR., STE. 190
City-State-Zip:	BROOKFIELD WI 53045

Title	D
Name	ZIEGLER, CAITLIN
Address	100 N. CORPORATE DR., STE. 190
City-State-Zip:	BROOKFIELD WI 53045

Title	D
Name	VALDES, WENDY
Address	22189-86A AVE., LANGLEY, BC VIM 3S8
City-State-Zip:	CANADA AL

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: TIFFANY FOSTER

01/20/2023

Electronic Signature of Signing Officer/Director Detail_____
Date