

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013469

Entity Name: HORSEPOWER FOR HEALING INC**Current Principal Place of Business:**6210 GEORGE BLVD
PUNTA GORDA, FL 33982**Current Mailing Address:**1205 SETLIFFE CT
PORT CHARLOTTE, FL 33948**FEI Number: 87-3739121****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, J DAVID EA
405 TAMiami TRAIL
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	P
Name	BENEFIELD, CARLA
Address	8224 GROVE BLVD
City-State-Zip:	PUNTA GORDA FL 33982

Title	T
Name	GAMMETER, CHERYL
Address	30445 TURTLE DOVE LANE
City-State-Zip:	PUNTA GORDA FL 33982

Title	MBR
Name	LYNN SHELTON, JENNIFER
Address	2552 COLUMBUS ST
City-State-Zip:	FORT MYERS FL 33901

Title	VP
Name	STAPLETON, KINSEY
Address	1448 SE 21ST LANE
City-State-Zip:	CAPE CORAL FL 33990

Title	S
Name	DEGENNARO, MARISA E
Address	27427 VOYAGUER DR
City-State-Zip:	PUNTA GORDA FL 33983

Title	MBR
Name	NORRIS BASSOLS, VICTORIA
Address	27263 WHITMAN AVE UNIT A
City-State-Zip:	PUNTA GORDA FL 33983

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: CARLA BENEFIELD**PRESIDENT****04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date