

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

DOCUMENT# N34253

**Entity Name:** RETIREMENT HOME FOR HORSES, INC.

**Current Principal Place of Business:**

20213 NW 235A  
ALACHUA, FL 32616-2100

**Current Mailing Address:**

PO BOX 2100  
ALACHUA, FL 32616-2100 US

**FEI Number:** 59-2995523

**Certificate of Status Desired:** No

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

GREGORY, PAUL  
20307 NW CR 235A  
ALACHUA, FL 32616-0064 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:** PAUL GREGORY

01/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name GREGORY, MARY  
Address 20307 NW CR 235A  
City-State-Zip: ALACHUA FL 32616-1320

Title DIRECTOR, SECRETARY  
Name DENSLow, NORA C  
Address 7445 SW 72 COURT  
City-State-Zip: MIAMI FL 33145

Title DIRECTOR  
Name HIERS, ERIC A DR.  
Address 2133 SW 70 AVENUE  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR, PRESIDENT, TREASURER  
Name GREGORY, PAUL  
Address 20307 NW CR235A  
City-State-Zip: ALACHUA FL 32616-0064

Title DIRECTOR  
Name DICKSON, RONALD  
Address 20715 N.W. 250TH STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR  
Name GREGORY, CAROL  
Address 4651 BROKEN ARROW ROAD  
City-State-Zip: DRIGGS ID 83422

*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:** PAUL GREGORY

**PRESIDENT**

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date