

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003451

FILED
Jan 08, 2012
Secretary of State

Entity Name: THE KIWANIS HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

9569 117TH ST.
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3748
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 59-3259486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUS, ROBERT
9569 117TH ST.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MAUS, ROBERT
Address: 9569 117 ST N
City-St-Zip: SEMINOLE, FL 33772

Title: D
Name: DABROWSKI, PETER
Address: 117 N. BUENA VISTA
City-St-Zip: DUNEDIN, FL 33764

Title: DS
Name: DUART, LINDA
Address: 9741 125TH ST
City-St-Zip: SEMINOLE, FL 33772

Title: D
Name: ROBERT, WIGGINS
Address: 13799 PARK BLVD #254
City-St-Zip: SEMINOLE, FL 33776

Title: TD
Name: STARMAN, LOUIS
Address: 6567 SAHARA DR #260
City-St-Zip: LARGO, FL 33777

Title: D
Name: BYRAN, MICHAEL
Address: 11959 84TH AVE N
City-St-Zip: SEMINOLE, FL 33772

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: LOUIS F. STARMAN

TD

01/08/2012

Electronic Signature of Signing Officer or Director

Date