

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005464

Entity Name: FORE HER, INC.**Current Principal Place of Business:**54 W. SHIPWRECK RD
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P.O. BOX 1033
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 46-2964704**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALSH, AMY L
54 W. SHIPWRECK RD
SANTA ROSA BEACH, FL 32459 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	PD
Name	WALSH, AMY
Address	54 W. SHIPWRECK RD
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	RICHERSON, VIRGINIA
Address	1205 DEERWOOD
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	VP
Name	CRAWFORD, JENNIFER
Address	346 L'ATRIUM
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	SECRETARY
Name	BARTLESON, KELLYANNE
Address	235 WHITE HERON
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	TREASURER
Name	MARTIN, DAPHNE
Address	226 HIDEAWAY BAY
City-State-Zip:	MIRAMAR BEACH FL 32550

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: AMY WALSH**PRESIDENT****01/20/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date