

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000003150

**Entity Name:** HORNER'S SYNDROME: AWARENESS, ACTION & ADVOCACY FOUNDATION, INC.

**FILED**  
**Feb 17, 2024**  
**Secretary of State**  
**8162559931CC**

**Current Principal Place of Business:**

11270 RANCH CREEK TERRACE  
APT. 111  
BRADENTON, FL 34211

**Current Mailing Address:**

11270 RANCH CREEK TERRACE  
APT. 111  
BRADENTON, FL 34211 US

**FEI Number: 82-4992694**

**Certificate of Status Desired: No**

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

PEIRCE, JULIE A  
11270 RANCH CREEK TERRACE  
APT. 111  
BRADENTON, FL 34211 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            PRES  
Name            PEIRCE, JULIE  
Address        11270 RANCH CREEK TERRACE, APT.  
                  111  
City-State-Zip: BRADENTON FL 34211

Title            TREA  
Name            SMITH, JAYMIE  
Address        13420 3RD AVENUE NE  
City-State-Zip: BRADENTON FL 34212

Title            SECR  
Name            TAYLOR, KRISTINA  
Address        308 FAREHAM DRIVE  
City-State-Zip: VENICE FL 34293

*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: JULIE PEIRCE**

**PRESIDENT**

**02/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date