

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009450

Entity Name: HORAN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**243 PONCE DE LEON AVENUE VENICE
VENICE, FL 34285**Current Mailing Address:**243 PONCE DE LEON AVENUE VENICE
VENICE, FL 34285 US**FEI Number: 83-1948519****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASS, FORREST J ESQ
99 NESBIT STREET
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	PD
Name	HORAN, CAROL J
Address	243 PONCE DE LEON AVENUE
City-State-Zip:	VENICE FL 34285

Title	SD
Name	MIHM, LEAH
Address	1238 VERMEER DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	PD
Name	HORAN, MICHAEL A
Address	243 PONCE DE LEON AVENUE
City-State-Zip:	VENICE FL 34285

Title	D
Name	HORAN, MATTHEW
Address	1399 VERMEER DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	VPD
Name	HORAN, ANDREW
Address	5711 KANSAS AVENUE NW
City-State-Zip:	WASHINGTON DC 20011

Title	T
Name	HORAN, BRIDGET
Address	1399 VERMEER DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	D
Name	WOODY, NATALIE
Address	2411 UPPAKRIK LANE
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	MANUPELLA, MATTHEW
Address	5711 KANSAS AVENUE NW
City-State-Zip:	WASHINGTON DC 20011

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: MICHAEL A. HORAN**PRESIDENT****04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date