

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000000435

**FILED**  
**Mar 15, 2022**  
**Secretary of State**  
**6817204877CC**

**Entity Name:** HONEY'S MINI THERAPY ADVENTURES INC.

**Current Principal Place of Business:**

11268 CR 682  
WEBSTER, FL 33597

**Current Mailing Address:**

PO BOX 1406  
WEBSTER, FL 33597 US

**FEI Number: 83-2806952**

**Certificate of Status Desired: No**

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

GULLET, MARY R  
11268 CR 682  
WEBSTER, FL 33597 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 P,CEO,D  
Name GULLET, MARY ROSE  
Address 11268 CR 682  
City-State-Zip: WEBSTER FL 33597

Title VP  
Name GULLET, MATTHEW R  
Address 11268 CR 682  
City-State-Zip: WEBSTER FL 33597

Title CFO, T  
Name WARD, WILLIAM  
Address 8150 PIMLICO PLACE  
City-State-Zip: WESLEY CHAPEL FL 33597

Title D  
Name WARD, LEA SHERYL  
Address 8150 PIMLICO PLACE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title C  
Name WARD, TYLER SCOTT  
Address 11 ELLEN PLACE  
City-State-Zip: CHAPEL HILL NC 27514

Title C  
Name HEATH, MICHAEL  
Address 3757 CHAPMAN RD  
City-State-Zip: DELAWARE OH 43015

Title C  
Name SLAUGHTER, LISA  
Address 22109 HALE RD  
City-State-Zip: LOL FL 34639

Title S  
Name SCHRAMM, PATRICIA  
Address 4229 GRANITE GLEN LOOP  
City-State-Zip: WESLEY CHAPEL FL 33544

**Continues on page 2**

*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: MARY ROSE GULLET**

**FOUNDER/PRESIDENT**

**03/15/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name COZZO, KENDI  
Address 700 S HARBOUR ISLAND BLVD.  
733  
City-State-Zip: TAMPA FL 33602