2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000000435

Entity Name: HONEY'S MINI THERAPY ADVENTURES INC.

FILED
Jun 16, 2020
Secretary of State
8842787757CC

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 Title

Name GULLET, MARY ROSE Name GULLET, MATTHEW R

Address 11268 CR 682 Address 11268 CR 682

City-State-Zip: WEBSTER FL 33597 City-State-Zip: WEBSTER FL 33597

Title CFO, T Title D

NameWARD, WILLIAMNameWARD, LEA SHERYLAddress8150 PIMLICO PLACEAddress8150 PIMLICO PLACE

City-State-Zip: WESLEY CHAPEL FL 33597 City-State-Zip: WESLEY CHAPEL FL 33544

Title C Title C

NameWARD, TYLER SCOTTNameHEATH, MICHAELAddress11 ELLEN PLACEAddress3757 CHAPMAN RDCity-State-Zip:CHAPEL HILL NC 27514City-State-Zip:DELAWARE OH 43015

Title C Title S

Name SLAUGHTER, LISA Name SCHRAMM, PATRICIA

Address 22109 HALE RD Address 4229 GRANITE GLEN LOOP

City-State-Zip: LOL FL 34639 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 R GULLET FOUNDER/PRESIDENT 06/16/2020

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