

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

**FILED  
Aug 14, 2024  
Secretary of State  
1665330761CC**

DOCUMENT# N19000000435

**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            PRESIDENT, DIRECTOR

Name            GULLET, MARY ROSE

Address        11268 CR 682

City-State-Zip: WEBSTER FL 33597

Title            COO

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            CEO

Name            WARD, LEA SHERYL

Address        8150 PIMLICO PLACE

City-State-Zip: WESLEY CHAPEL FL 33544

Title            C

Name            HEATH, MICHAEL

Address        3757 CHAPMAN RD

City-State-Zip: DELAWARE OH 43015

Title            OFFICER

Name            SCHRAMM, PATRICIA

Address        4229 GRANITE GLEN LOOP

City-State-Zip: WESLEY CHAPEL FL 33544

Title            OFFICER

Name            COZZO, KENDI

Address        700 S HARBOUR ISLAND BLVD.  
733

City-State-Zip: TAMPA FL 33602

Title            SECRETARY

Name            CERNA, DANIELLE

Address        PO BOX 1406

City-State-Zip: WEBSTER FL 33597

**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**

**PRESIDENT**

**08/14/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name HURT, LISA  
Address PO BOX 1406  
City-State-Zip: WEBSTER FL 33597

Title OFFICER  
Name MIKKOLA, MIKE  
Address PO BOX 1406  
City-State-Zip: WEBSTER FL 33597