

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000000435

FILED
Jan 27, 2021
Secretary of State
2895534319CC

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

PRESIDENT/FOUNDER

01/27/2021

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