

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012073

Entity Name: HOOF CARE ESSENTIALS FOUNDATION INC.**Current Principal Place of Business:**44 DORCHESTER B
WEST PALM BEACH, FL 33417**Current Mailing Address:**44 DORCHESTER B
WEST PALM BEACH, FL 33417 US**FEI Number:** 82-4804815**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUINSEY, BRYAN J
44 DORCHESTER B
WEST PALM BEACH, FL 33417 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:** BRYAN J QUINSEY

01/08/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name FARLEY, DAVID D
Address 44 DORCHESTER B
City-State-Zip: WEST PALM BEACH FL 33417

Title VC
Name PRESCOTT, STEVEN D.
Address 44 DORCHESTER B
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER
Name BLOOM, ROYDEN A
Address 44 DORCHESTER B
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name WYNBRANDT, ADAM D
Address 44 DORCHESTER B
City-State-Zip: WEST PALM BEACH FL 33417

Title ADMINISTRATOR
Name QUINSEY, BRYAN J.
Address 44 DORCHESTER B
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name CABLE, TIMOTHY
Address 44 DORCHESTER B
City-State-Zip: WEST PALM BEACH FL 33417

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: BRYAN QUINSEY**ADMINISTRATOR**

01/08/2023

Electronic Signature of Signing Officer/Director Detail

Date