

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21506

Entity Name: BAKAS "HORSES FOR HANDICAPPED," INC.**Current Principal Place of Business:**11510 WHISPER LAKE, TRAIL
TAMPA, FL 33626**Current Mailing Address:**11510 WHISPER LAKE, TRAIL
TAMPA, FL 33626 US**FEI Number:** 59-2848496**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKAS, JOHN W., JR.
11510 WHISPER LAKE TRAIL
TAMPA, FL 33626 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 SC
Name HAJAISTRON, KIM
Address 3943 VERSAILLES DR
City-State-Zip: TAMPA FL 33625Title T
Name DAVIS, EILEEN S
Address 10212 TRANQUIL LANE
City-State-Zip: ODESSA FL 33556Title P
Name CHIRINOS, AMY
Address 6026 ELDORADO DRIVE
City-State-Zip: TAMPA FL 33615Title VP
Name SMITH, MICHELLE J
Address 22102 CARSON DR.
City-State-Zip: LAND O'LAKES FL 34639Title CORRESPONDING SECRETARY
Name RANDALL, TAMARA
Address 6903 SOLEDAD CT.
City-State-Zip: TAMPA FL 33615

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: EILEEN S. DAVIS**TREASURER****03/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date