

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003451

Entity Name: THE HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC.**FILED**
Feb 23, 2025
Secretary of State
5699682122CC**Current Principal Place of Business:**9610 125TH STREET NORTH
SEMINOLE, FL 33772**Current Mailing Address:**P.O. BOX 3748
SEMINOLE, FL 33775**FEI Number: 59-3259486****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEE, JACK T
9981 SAGO POINT DRIVE
SEMINOLE, FL 33777 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: JACK T. LEE****02/23/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** VICE PRESIDENT/TREASURER
Name GILKEY, JENNIFER
Address 2945 4TH AVENUE N
City-State-Zip: ST. PETERSBURG FL 33713**Title** PRESIDENT
Name FROHNERATH, LEAH
Address 10435 124TH STREET
City-State-Zip: SEMINOLE FL 33778**Title** DIRECTOR
Name WIGGINS, ROBERT
Address 9610 125TH STREET NORTH
City-State-Zip: SEMINOLE FL 33776**Title** DIRECTOR
Name MAZGAJ, JENNIFER
Address 12845 HIBISCUS AVE
City-State-Zip: SEMINOLE FL 33776**Title** DIRECTOR
Name GAYTON, EDWARD
Address 9610 125TH STREET N
City-State-Zip: SEMINOLE FL 33776**Title** SECRETARY
Name BURNEY, LEE ANNE
Address 9610 125TH STREET N
City-State-Zip: SEMINOLE FL 33776**Title** DIRECTOR
Name KAMPS, KURT
Address 9610 125TH STREET N
City-State-Zip: SEMINOLE FL 33776**Title** DIRECTOR
Name LOVE, DEBORAH
Address 9610 125TH STREET NORTH
City-State-Zip: SEMINOLE FL 33772**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: LEAH FROHNERATH**PRESIDENT****02/23/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GAYTON, EDWARD
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33772