2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2020
Secretary of State
6329289149CC

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Entity Name: THE HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

9610 125TH STREET NORTH
SEMINOLE, FL 33776

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:

STARMAN, LOUIS F.
6567 SAHARA 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: LOUIS F. STARMAN 01/19/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	URQUHART, ANNA
Address	10675 ERIE RD
City-State-Zip:	PARRISH FL 34219

Title	DIRECTOR
Name	URQUHART, MARY
Address	12367 82ND AVE N.
City-State-Zip:	SEMINOLE FL 33772

Title	DIRECTOR
Name	FROHNERATH, LEAH
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776

Title	DIRECTOR
Name	MAZGAJ, JENNIFER
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776

Title	TD
Name	STARMAN, LOUIS
Address	6567 SAHARA DR #260
City-State-Zip:	LARGO FL 33777

Title	SECRETARY
Name	ZILIES, MAUREEN
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776

Title	DIRECTOR
Name	WIGGINS, ROBERT
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776

Title	VP
Name	GARDNER, CHRIS
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776

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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: LOUIS F. STARMAN TREASURER 01/19/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SAVITSKI, JANE
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776

Title	DIRECTOR
Name	FROHNERATH, DEBORAH
Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776