

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003451

Entity Name: THE HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC.**FILED**
Jan 12, 2021
Secretary of State
8902433561CC**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****01/12/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name URQUHART, ANNA
Address 10675 ERIE RD
City-State-Zip: PARRISH FL 34219Title TD
Name STARMAN, LOUIS
Address 6567 SAHARA DR #260
City-State-Zip: LARGO FL 33777Title DIRECTOR
Name URQUHART, MARY
Address 12367 82ND AVE N.
City-State-Zip: SEMINOLE FL 33772Title PRESIDENT
Name FROHNERATH, LEAH
Address 9610 125TH STREET NORTH
City-State-Zip: SEMINOLE FL 33776Title DIRECTOR
Name WIGGINS, ROBERT
Address 9610 125TH STREET NORTH
City-State-Zip: SEMINOLE FL 33776Title DIRECTOR
Name MAZGAJ, JENNIFER
Address 9610 125TH STREET NORTH
City-State-Zip: SEMINOLE FL 33776Title VP
Name GARDNER, CHRIS
Address 9610 125TH STREET NORTH
City-State-Zip: SEMINOLE FL 33776Title DIRECTOR
Name SAVITSKI, JANE
Address 9610 125TH STREET NORTH
City-State-Zip: SEMINOLE FL 33776**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: LOUIS STARMAN**TREASURER****01/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name GUYTON, EDWARD
Address 90TH AVE
City-State-Zip: SEMINOLE FL 33776

Title SECRETARY
Name GILKEY, JENNIFER
Address 2945 4 AVE. N.
City-State-Zip: ST. PETERSBURG FL 33713