

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003451

Entity Name: THE HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC.**FILED**
Jan 29, 2023
Secretary of State
5498467294CC**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.
12169 RHONDA TERRACE
SEMINOLE, FL 33772 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****01/29/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD	Title	DIRECTOR
Name	STARMAN, LOUIS	Name	URQUHART, MARY
Address	6567 SAHARA DR #260	Address	12367 82ND AVE N.
City-State-Zip:	LARGO FL 33777	City-State-Zip:	SEMINOLE FL 33772
Title	PRESIDENT	Title	DIRECTOR
Name	FROHNERATH, LEAH	Name	WIGGINS, ROBERT
Address	9610 125TH STREET NORTH	Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776	City-State-Zip:	SEMINOLE FL 33776
Title	DIRECTOR	Title	DIRECTOR
Name	MAZGAJ, JENNIFER	Name	FROHNERATH, DEBORAH
Address	9610 125TH STREET NORTH	Address	9610 125TH STREET NORTH
City-State-Zip:	SEMINOLE FL 33776	City-State-Zip:	SEMINOLE FL 33776
Title	SECRETARY	Title	DIRECTOR
Name	GILKEY, JENNIFER	Name	GUYTON, EDWARD
Address	2945 4 AVE. N.	Address	90TH AVE
City-State-Zip:	ST. PETERSBURG FL 33713	City-State-Zip:	SEMINOLE FL 33776

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****01/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date