

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000006607

Entity Name: HORSE FARMS FOREVER, INC.**Current Principal Place of Business:**201 N. FRANKLIN ST STE 2000
TAMPA, FL 33602**Current Mailing Address:**P.O. BOX 5279
OCALA, FL 34478 US**FEI Number: 83-0926072****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODWIN, JAMES W
201 N. FRANKLIN ST STE 2000
TAMPA, FL 33602 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 P/D
Name LITTLE, BERNARD
Address P.O. BOX 5279
City-State-Zip: OCALA FL 34478

Title S/T/D
Name KAPLAN, PAUL
Address 12605 NW 90TH AVE
City-State-Zip: REDDICK FL 32686

Title DIRECTOR
Name DE MERIC, NICHOLAS
Address 4001 NW 130TH AVE
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name WEBER, CHESTER C.
Address 1800 SW 95TH AVE
City-State-Zip: OCALA FL 34481

Title VP/D
Name DESINO, ROBERT
Address 8786 NW HWY 225A
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name GRABE, THOMAS
Address 4727 NW 80TH AVE
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name BAMMANN, LINDA
Address 9295 NW HIGHWAY 225 A
City-State-Zip: OCALA FL 34482

Title DIRECTOR
Name GARCIA, ELMA
Address 4899 NW 90TH AVE
City-State-Zip: OCALA FL 34482

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: BERNARD LITTLE**PRESIDENT****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date