

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003771

**FILED**  
**Aug 28, 2018**  
**Secretary of State**  
**CC4656901111**

**Entity Name:** HOUSE OF CHANGE, INC.

**Current Principal Place of Business:**

1000 PERSIMMON AVE  
SEBRING, FL 33870

**Current Mailing Address:**

1000 PERSIMMON AVE  
SEBRING, FL 33870 US

**FEI Number:** 77-0707045

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALVAREZ, DEBORAH  
2653 SANDY LOAM CT  
SEBRING, FL 33875 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 PASTOR  
Name ALVAREZ, DEBORAH  
Address 2653 SANDY LOAM CT  
City-State-Zip: SEBRING FL 33875

Title D  
Name ACEVEDO, CYNTHIA  
Address 728 DENISE AVE  
City-State-Zip: SEBRING FL 33870

Title D  
Name ALGARIN, ANGEL L  
Address 2653 SANDY LOAM CT  
City-State-Zip: SEBRING FL 33875

Title OTHER  
Name ESTRADA, MARIANA  
Address 1841 COLMAR AVE  
City-State-Zip: SEBRING FL 33870

Title D  
Name ACEVEDO, GERSON  
Address 728 DENISE AVE  
City-State-Zip: SEBRING FL 33870

Title SECRETARY  
Name CASTILLO, LUCY  
Address 3808 DAUPHINE ST.  
City-State-Zip: SEBRING FL 33872

*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:** MARIANA ESTRADA

**OTHER**

**08/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date