

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010460

Entity Name: HDS FOUNDATION, INC.**Current Principal Place of Business:**15175 NW 67TH AVE
SUITE 203
MIAMI LAKES, FL 33014**Current Mailing Address:**15175 NW 67TH AVE
SUITE 203
MIAMI LAKES, FL 33014 US**FEI Number:** 26-4487320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOUSING AND DEVELOPMENT SERVICES, INC.
15175 NW 67TH AVE
SUITE 203
MIAMI LAKES, FL 33014 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
Name GILSON, CRISTINA M
Address 15175 NW 67TH AVE.
SUITE 203
City-State-Zip: MIAMI LAKES FL 33014

Title S
Name BOUSCHER-MIRANDA, MEAGAN
Address 7021 SW 60TH STREET
City-State-Zip: MIAMI FL 33143

Title T
Name STEVENSON, DEBORA N
Address POST OFFICE BOX 359
City-State-Zip: FLOWERY BRANCH FL 30542

Title D
Name MIRANDA, MARIA E
Address POST OFFICE BOX 431408
City-State-Zip: MIAMI FL 33243

Title VP
Name MIRANDA, MARY ANN
Address 7817 SW 103 PLACE
City-State-Zip: MIAMI FL 33173

Title D
Name GILSON-MIRANDA, KATHERINE
Address POST OFFICE BOX 431408
City-State-Zip: MIAMI FL 33243

Title D
Name MIRANDA, PALOMA
Address POST OFFICE BOX 431408
City-State-Zip: MIAMI FL 33243

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: GILSON , CRISTINA M

P

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date