

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004168

Entity Name: WINTER HAVEN HOUSING SUPPORTIVE SERVICES, INC.**Current Principal Place of Business:**2653 AVE C S.W.
WINTER HAVEN, FL 33880**Current Mailing Address:**2653 AVE C S.W.
WINTER HAVEN, FL 33880**FEI Number: 45-2850542****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REED MAWHINNEY & LINK
53 LAKE MORTON DRIVE
SUITE 100
LAKELAND, FL 33801 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: ANDREW M. REED****04/11/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name HICKS, BREEZI
Address 2653 AVE C S.W.
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name HUDSON, JIMMIE LEE
Address 2653 AVE C S.W.
City-State-Zip: WINTER HAVEN FL 33880

Title SECRETARY, TREASURER
Name JONES WATKINS, LISA
Address 2653 AVE C S.W.
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name HOGAN, JAMES
Address 2653 AVE C S.W.
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR, PRESIDENT, CHAIRMAN
Name THOME, MURIEL
Address 2653 AVE C S.W.
City-State-Zip: WINTER HAVEN FL 33880

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: LISA JONES WATKINS**SECRETARY****04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date