# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005937

Entity Name: HOUSING OUR HEROES, INC.

#### **Current Principal Place of Business:**

804 S NEWPORT AVE TAMPA, FL 33606-2935

#### **Current Mailing Address:**

804 S NEWPORT AVE TAMPA FL 33606-2935 US

### FEI Number: 45-5426590

## Name and Address of Current Registered Agent:

MARMARELLIS, JOAN M. 804 S NEWPORT AVE TAMPA, FL 33606-2935 US Certificate of Status Desired: No

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	SIGNATURE: JOAN M. MARMARELLIS			05/01/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR, OFFICER	Title	DIRECTOR, OFFICER	
Name	FAGER, JARED M.	Name	FAGER, JONATHAN M.	
Address	4810 SOUTH DAUPHIN AVE	Address	1060 D SW 14TH AVE	
City-State-Zip:	APT 12 D TAMPA FL 33611	City-State-Zip:	GAINESVILLE FL 32601	
City-State-Zip:	TAMPA EL 33011	Title	DIRECTOR, OFFICER	
Title	DIRECTOR, PRESIDENT	Name	BUNT, TRAVIS J.	
Name	MARMARELLIS, JOAN M.	Address	523 W 141ST ST. APT #1	
Address	804 S NEWPORT AVE	City-State-Zip: NEW YORK NY 10031		
City-State-Zip:	TAMPA FL 33606-2935		NEW TORK NT 10031	
Title	DIRECTOR, OFFICER			
Name	MAZUR, PETER			
Address	6480 BARFIELD RD NE			
City-State-Zip:	SANDY SPRINGS GA 30328			

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: JOAN M MARMARELLIS

DIRECTOR

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

# FILED May 01, 2020 Secretary of State 4319945740CC