

**2024 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

**Certificate of Status Desired:** No

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

MARMARELLIS, JOAN M.  
804 S NEWPORT AVE  
TAMPA, FL 33606-2935 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:** JOAN M. MARMARELLIS

04/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, OFFICER  
Name FAGER, JARED M.  
Address 4810 SOUTH DAUPHIN AVE  
APT 12 D  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR, OFFICER  
Name FAGER, JONATHAN M.  
Address 17748 S.W. 116TH PLACE  
City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR, PRESIDENT  
Name MARMARELLIS, JOAN M.  
Address 804 S NEWPORT AVE  
City-State-Zip: TAMPA FL 33606-2935

Title DIRECTOR, OFFICER  
Name BUNT, TRAVIS J.  
Address 523 W 141ST ST. APT #1  
City-State-Zip: NEW YORK NY 10031

*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 MARMARELLIS

DIRECTOR, PRESIDENT

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date