### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005937

Entity Name: HOUSING OUR HEROES, INC.

FILED
Apr 26, 2013
Secretary of State
CC7939003140

# **Current Principal Place of Business:**

301 WEST PLATT STREET SUITE 118 TAMPA, FL 33606

# **Current Mailing Address:**

301 WEST PLATT STREET SUITE 118 TAMPA, FL 33606 US

FEI Number: 45-5426590 Certificate of Status Desired: No

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

FAGER, C J 301 WEST PLATT STREET SUITE 118 TAMPA, FL 33606 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: C J FAGER 04/26/2013

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title P, DIRECTOR Title VP, DIRECTOR

Name SHORGER, ALISON E Name MARMARELLIS, JOAN

Address P.O. BOX 12876 Address 804 SOUTH NEWPORT AVE

City-State-Zip: ST. PETERSBURG FL 33733 City-State-Zip: TAMPA FL 33606

Title S Title T

Name MARMARELLIS, JOAN Name SCHORGER, ALISON E

Address 804 SOUTH NEWPORT AVE Address P O BOX 12876

City-State-Zip: TAMPA FL 33606 City-State-Zip: ST. PETERSBURG FL 33733

Title ASST. SECRETARY, DIRECTOR Title DIRECTOR

Name FAGER, J M Name FAGER, C J

Address 804 SOUTH NEWPORT AVE Address 301 WEST PLATT STREET

SUITE 118

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

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: C J FAGER REGISTERED AGENT, 04/26/2013
DIRECTOR