

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002870

**FILED**  
**Jan 16, 2017**  
**Secretary of State**  
**CC0339357009**

**Entity Name:** HEARTS & HOMES FOR VETERANS INC.

**Current Principal Place of Business:**

2230 ALICIA STREET  
FORT MYERS, FL 33901

**Current Mailing Address:**

1409 SE 21ST LANE  
CAPE CORAL, FL 33990 US

**FEI Number:** 46-2570640

**Certificate of Status Desired:** No

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

PAYTON, DONALD H  
1409 SE 21ST LANE  
CAPE CORAL, FL 33990 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 PAYTON, DONALD H  
Address 1409 SE. 21ST LANE  
City-State-Zip: CAPE CORAL FL 33990

Title V  
Name CHARTER, HARVEY B  
Address 1104 LAKELAND CIRCLE  
City-State-Zip: FORT MYERS FL 33914

Title S  
Name GERRARD, SUSAN  
Address 2526 SE16TH PL.  
207  
City-State-Zip: CAPE CORAL FL 33904

Title TREASURER  
Name HORES, KATHLEEN M  
Address 2250 STATE ROAD 80 WEST  
City-State-Zip: FORT DENAUD FL 33935

Title D  
Name PAYTON, MARSHA  
Address 1409 SE. 21ST LANE  
City-State-Zip: CAPE CORAL FL 33990

Title SERGEANT IN ARMS  
Name LYNCH, ANDREW  
Address 805 ELINOR WAY  
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR  
Name SIAKOTOS, MARGARET  
Address UNKNOWN  
City-State-Zip: FORT MYERS FL

Title DIRECTOR  
Name BOYD, KEVIN  
Address UNKNOWN  
City-State-Zip: FORT MYERS FL

**Continues on page 2**

*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:** KATHLEEN M. HORES

**TREASURER**

**01/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FERGUSON, EDWARD  
Address 2230 ALICIA STREET  
City-State-Zip: FORT MYERS FL

Title DIRECTOR  
Name DONOGHUE, TOM  
Address 2230 ALICIA STREET  
City-State-Zip: FORT MYERS HI

Title DIRECTOR  
Name SANTINI, DAVE  
Address 2230 ALICIA STREET  
City-State-Zip: FORT MYERS FL