

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002870

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC9792097221**

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

**Current Principal Place of Business:**

1409 SE. 21ST LANE  
CAPE CORAL, FL 33990

**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 KNOWER, THERESA  
Address 2343 JASPER AVE.  
City-State-Zip: FORT MYERS FL 33907

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

Title DIRECTOR  
Name ZAMMIT, DAVE  
Address 14021 METROPOLIS AVE.  
City-State-Zip: FORT MYERS FL 33914

Title DIRECTOR  
Name GAIDE, KIM  
Address 1778 WOODLAWN  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name THOMAS, VIRGINIA  
Address 226 GLEASON PWKY.  
City-State-Zip: CAPE CORAL FL 33914

**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:** THERESA KNOWER

**TREASURER**

**04/23/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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