

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011402

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC4969103649**

**Entity Name:** WE ARE 1, HOUSES 2 HOMES, INC

**Current Principal Place of Business:**

687 N. EDGEWOOD AVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

687 N. EDGEWOOD AVE  
JACKSONVILLE, FL 32254 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CARTER, GREGORY  
687 N. EDGEWOOD AVE  
JACKSONVILLE, FL 32254 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 CARTER, GREGORY  
Address 687 N. EDGEWOOD AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title VP  
Name JONES, KIETH  
Address 687 N. EDGEWOOD AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title S  
Name TOLLIVER, JASMINE  
Address 687 N. EDGEWOOD AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title T  
Name WAYA, YONAGUSKA  
Address 687 N. EDGEWOOD AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title D  
Name CARTER, BRIDGET  
Address 687 N. EDGEWOOD AVE  
City-State-Zip: JACKSONVILLE FL 32254

*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:** GREGORY CARTER

**PRESIDENT**

**04/26/2018**

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

\_\_\_\_\_  
Date