# 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: CAMILLE ROBINSON

Electronic Signature of Signing Officer/Director Detail

Entity Name: HEARTS & HANDS FOR THE HOMELESS INC

# **Current Principal Place of Business:**

810 E 127TH AVENUE TAMPA, FL 33612

### **Current Mailing Address:**

DOCUMENT# N2000002248

810 E 127TH AVENUE TAMPA, FL 33612

## FEI Number: 85-0629858

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

ROBINSON, CAMILLE L 810 E 127TH AVENUE TAMPA, FL 33612 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

## **Officer/Director Detail :**

Title	CEO	Title	VP
Name	ROBINSON, CAMILLE L	Name	SMITH, JERILYN
Address	810 E 127TH AVENUE	Address	810 E 127TH AVENUE
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612
Title	CFO		
Title Name	CFO SCOTT, CYNTHIA		
Name	SCOTT, CYNTHIA		

08/31/2021

Aug 31, 2021 Secretary of State 0792086741CC

Date

FILED

Certificate of Status Desired: No

Date

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

CEO