

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000003668

Entity Name: HEAL OUR HARBOR, INC.

Current Principal Place of Business:

798 SPRING LAKE BLVD NW
PORT CHARLOTTE, FL 33952

Current Mailing Address:

798 SPRING LAKE BLVD NW
PORT CHARLOTTE, FL 33952 US

FEI Number: 88-1382931

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITMAN, RICHARD L
798 SPRING LAKE BLVD NW
PORT CHARLOTTE, FL 33952 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 CEO, DIRECTOR
Name WHITMAN, RICHARD L
Address 798 SPRING LAKE BLVD NW
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP, DIRECTOR
Name WOJCIK, PHYLLIS
Address 26383 SEMINOLE LAKES BLVD
City-State-Zip: PUNTA GORDA FL 33955

Title SECRETARY, DIRECTOR
Name WOJCIK, BRUCE
Address 26383 SEMINOLE LAKES BLVD
City-State-Zip: PUNTA GORDA FL 33955

Title TREASURER, DIRECTOR
Name SCHUTZ, DAVID
Address 2531 RIO LARGO CT
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name DIANNA, WHITMAN
Address 798 SPRING LAKE BLVD NW
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name BERLON, CHERYL
Address 1444 SEA GULL CT
City-State-Zip: PUNTA GORDA FL 33950

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: RICHARD L WHITMAN

CEO

01/08/2023

Electronic Signature of Signing Officer/Director Detail

Date