

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34087

Entity Name: HOUSING FOR HOMELESS, INC.**Current Principal Place of Business:**4087 U S HWY 1 SUITE 3
ROCKLEDGE, FL 32955**Current Mailing Address:**4087 U S HWY 1 SUITE 3
ROCKLEDGE, FL 32955 US**FEI Number:** 59-2981409**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LUCAS, MARA
4087 U.S. HWY 1 SUITE 3
ROCKLEDGE, FL 32955 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:** MARA LUCAS

02/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name VENICE, JOHN
Address 513 SEACREST AVE.
City-State-Zip: MERRITT ISLAND FL 32952

Title EXECUTIVE DIRECTOR
Name CRAMP, ROB
Address 4087 U S HWY 1 SUITE 3
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name VILLARREAL, MACEY
Address 435 W MERRITT AVE
City-State-Zip: MERRITT ISLAND FL 32953

Title SECRETARY
Name MOORE, MIRIAM
Address 1910 FURMAN CT
City-State-Zip: COCOA FL 32922

Title DIRECTOR
Name GARRIGA, ELEANOR
Address 660 PLANTATION ROAD
City-State-Zip: MERRITT ISLAND FL 32952

Title PRESIDENT
Name OVERATH, TIFFINY
Address 238 TWIN LAKES RD
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name RADLOFF, CHUCK
Address 1217 THREE MEADOWS DRIVE
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name HOFFARD, JOYA KAYE
Address 115 E RITA BLVD
City-State-Zip: MELBOURNE FL 32951

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: ROBIN CRAMP

EXECUTIVE DIRECTOR

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LOUFEK, MICHELLE
Address	1280 NORTH BANANA RIVER DR
City-State-Zip:	MERRITT ISLAND FL 32952