

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

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

CRAMP, ROB  
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:**

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 DIRECTOR  
Name HOFFARD, JOYA KAYE  
Address 834 WATEROAK DRIVE  
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR  
Name OURAND, CATHERINE  
Address 508 N RIVER OAKS DRIVE  
City-State-Zip: INDIALANTIC FL 32903

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

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

Title DIRECTOR  
Name VENABLE, BONNIE  
Address 2760 RAINTREE LAKE CIRCLE  
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRECTOR  
Name HIGHSMITH, THOMAS  
Address 8050 LUCENT COURT  
City-State-Zip: MELBOURNE FL 32940

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

**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**

**07/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                CURRY, ANNA MARIA DR.  
Address             601 WHIMSICAL CIRCLE  
City-State-Zip:    ROCKLEDGE FL 32922

Title                DIRECTOR  
Name                RHUDE, JAIME  
Address             8176 MILLBROOK AVE.  
City-State-Zip:    VIERA FL 32940

Title                DIRECTOR  
Name                STOCKRAHM, ASHLEY  
Address             701 TARR AVE. SW  
City-State-Zip:    PALM BAY FL 32908