

2019 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

02/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name NOBLE, SANDY
Address 2684 DIXIE COURT
City-State-Zip: COCOA FL 32922

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

Title VP
Name VIGER, DALE
Address 1636 GRANDVIEW WAY
City-State-Zip: MELBOURNE FL 32935

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

Title DIRECTOR
Name HELTON, AUSTIN
Address 2109 OAK ST
City-State-Zip: MELBOURNE FL 32901

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: MARA LUCAS**ACCOUNTANT**

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date