

2016 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:** 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:** ROCHELLE LYNNE JONES

03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BUSSEN, BRIAN J
Address 6405 GENOA TRAIL
City-State-Zip: MELBOURNE FL 32940

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 TREA
Name HOLLINGSWORTH, A T DR.
Address 1256 BALLINTON DRIVE
City-State-Zip: MELBOURNE FL 32940

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

Title DIRECTOR
Name ROTH, ADRIENNE B.
Address 4300 FORTUNE PLACE,
SUITE D
City-State-Zip: MELBOURNE FL 32904

Title VP
Name HASENBECK, MARGARET
Address 1030 SOUTH US 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name SIMPSON, PHILLIP DR.
Address PROVOST OF EASTERN FLORIDA
STATE COLLEGE 1311 US-1
City-State-Zip: TITUSVILLE FL 32955

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: JOHN VENICE

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHEPHERD, JON
Address	ATLANTIC ENVIRONMENTAL SOLUTIONS 657 MONTREAL AVE,
City-State-Zip:	MELBOURNE FL 32935