

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2009
Secretary of State**

DOCUMENT# N02000001145

Entity Name: HOUSING AND EDUCATION ALLIANCE, INC.

Current Principal Place of Business:

550 N. REO ST.
STE 300
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

550 N. REO ST.
STE 300
TAMPA, FL 33609

New Mailing Address:

FEI Number: 43-1963410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, SYLVIA A
5912 HATTERAS PALM WAY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: ALVAREZ, SYLVIA A
Address: 5912 HATTERAS PALM WAY
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: RAMOS, ANNA
Address: 2503 N GLEN AVENUE
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: BARRIOS, MAURA
Address: 3006 MAIN STREET
City-St-Zip: TAMPA, FL 33607

Title: CH () Delete
Name: ROJAS, JACKIE
Address: 1024 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33603

Title: VC () Delete
Name: ROBINSON, LEE ANN
Address: 641 N FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: VC (X) Delete
Name: GLASS, GEORGE
Address: 9740 ADAMO DR
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SYLVIA A ALVAREZ

ED

04/22/2009

Electronic Signature of Signing Officer or Director

Date