

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001145

FILED
May 04, 2010
Secretary of State

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
Name: ALVAREZ, SYLVIA A
Address: 5912 HATTERAS PALM WAY
City-St-Zip: TAMPA, FL 33615

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

Title: VC
Name: GLASS, GEORGE
Address: 550 N REO STREET # 300
City-St-Zip: TAMPA, FL 33609

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

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

Title: D
Name: BRODERICK, MARK
Address: 2290 SW GOLDEN BEAR WAY
City-St-Zip: PALM CITY, FL 34990

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: SYLVIA A. ALVAREZ

ED

05/04/2010

Electronic Signature of Signing Officer or Director

Date