#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758466** 

Entity Name: SELF-RELIANCE HOUSING, INC.

**FILED** Jan 05, 2024 **Secretary of State** 0053516236CC

## **Current Principal Place of Business:**

12718 N. 19TH ST. #1825-OFFICE TAMPA, FL 33612

# **Current Mailing Address:**

12718 N. 19TH ST. #1825-OFFICE TAMPA, FL 33612

FEI Number: 59-1981675 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

OROSZ, BOB 12718 N. 19TH ST. UNIT #1825-OFFICE TAMPA, FL 33612 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 **SECRETARY** Title

JHODA, DEODHAT Name Name GONDREAU, MELINTHA 12718 N. 19TH STREET 301 EAST 121ST AVENUE Address Address

#1825

City-State-Zip: TAMPA FL 33612

> **TREASURER** Title **PRESIDENT**

Title Name LANITIS, CHRIS Name GONDREAU, DAVID

Address 5373 MAGNOLIA TRAIL 301 E. 121ST AVE Address

City-State-Zip: PINELLAS PARK FL 33782 City-State-Zip: TAMPA FL 33612

TAMPA FL 33617

City-State-Zip:

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.