

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001145

Entity Name: HOUSING AND EDUCATION ALLIANCE, INC.

FILED
Apr 06, 2022
Secretary of State
2458667540CC

Current Principal Place of Business:

9215 N. FLORIDA AVENUE
SUITE # 104
TAMPA, FL 33612

Current Mailing Address:

9215 N. FLORIDA AVENUE
SUITE # 104
TAMPA, FL 33612 US

FEI Number: 43-1963410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, SYLVIA A
9215 N. FLORIDA AVENUE
SUITE # 104
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 EXECUTIVE DIRECTOR
Name ALVAREZ, SYLVIA A
Address 9215 N. FLORIDA AVENUE
SUITE # 104
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name HALPIN, PATRICK J
Address 695 CENTRAL AVE, SUITE 273
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name TAGLIARINI, PHILIP E DIRECTOR
Address 22643 KILLINGTON BLVD
City-State-Zip: LAND O' LAKES FL 34639

Title CHAIRMAN
Name PARKER, JAMES
Address 201 E. KENNEDY BLVD.
City-State-Zip: TAMPA FL 33602

Title SECRETARY/TREASURER
Name CAMPBELL, PATRICIA
Address 509 E. JACKSON ST.
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name MARTINEZ, RENE
Address 600 N. WESTSHORE BLVD.
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name MCDONALD, DANIEL
Address 4435 SAWGRASS BLVD.
City-State-Zip: NEW PORT RICHEY FL 34653

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: PHILIP E TAGLIARINI

DIRECTOR

04/06/2022

Electronic Signature of Signing Officer/Director Detail

Date