

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001145

**FILED**  
**Apr 15, 2018**  
**Secretary of State**  
**CC9565719421**

**Entity Name:** HOUSING AND EDUCATION ALLIANCE, INC.

**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:** Yes

**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 BRODERICK, MARK  
Address 2290 SW GOLDEN BEARWAY  
City-State-Zip: PALM CITY FL 34990

Title CHAIRMAN  
Name PARKER, JAMES  
Address 5026 ASHINGTON LANDING DR.  
City-State-Zip: TAMPA FL 33607

Title SECRETARY/TREASURER  
Name CAMPBELL, PATRICIA  
Address 4790 140TH AVE. N.  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name FORDE, MARLENE  
Address 4175 SOUTH PIPKIN RD.  
SUITE 201-202  
City-State-Zip: LAKELAND FL 33811

Title DIRECTOR  
Name MARTINEZ, RENE  
Address 11502 N. 56TH STREET  
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR  
Name DUNCAN, ANGELA  
Address 6320 S DALE MABRY HWY  
City-State-Zip: TAMPA FL 33611

*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 ALVAREZ

04/15/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date