

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001145

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

**FILED**  
**Apr 20, 2020**  
**Secretary of State**  
**8010648429CC**

**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 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:** SYLVIA A ALVAREZ

**EXECUTIVE DIRECTOR**

**04/20/2020**

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

\_\_\_\_\_  
Date