**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 06, 2023**
**Secretary of State**
**3674647605CC**

DOCUMENT# N03000008295

**Entity Name:** HEART OF ADOPTIONS ALLIANCE, INC.

**Current Principal Place of Business:**

418 W. PLATT STREET
SUITE C
TAMPA, FL 33606

**Current Mailing Address:**

418 W. PLATT STREET
SUITE C
TAMPA, FL 33606 US

**FEI Number: 76-0784214**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TATE, MARK TJR
212 S. MAGNOLIA AVENUE
TAMPA, FL 33606 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 | D |
| Name | TATE, JEANNE T |
| Address | 418 W. PLATT STREET<br>SUITE B |
| City-State-Zip: | TAMPA FL 33606 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DINES, STEVE |
| Address | 23205 CLUB VILLAS DR |
| City-State-Zip: | LAND O LAKES FL 34639 |

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|---|---|
| Title | DIRECTOR |
| Name | PEGLER, JEFF |
| Address | 456 W. DAVIS BOULEVARD |
| City-State-Zip: | TAMPA FL 33606 |

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|---|---|
| Title | DIRECTOR |
| Name | BOLES, AMBER |
| Address | 3853 NORTHDALE BLVD.<br>#176 |
| City-State-Zip: | TAMPA FL 33624 |

| | |
|---|---|
| Title | D |
| Name | HEALEY, ERICA T |
| Address | 622 MAMORA AVE |
| City-State-Zip: | TAMPA FL 33606 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HILL, JUSTIN DR. |
| Address | 4390 ALAN SHEPARD AVENUE |
| City-State-Zip: | COCOA FL 32926 |

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|---|---|
| Title | DIRECTOR |
| Name | GRUTZA, JODY |
| Address | P. O. BOX 1435 |
| City-State-Zip: | SAFETY HARBOR FL 34695 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SMOAK, WILLIAM |
| Address | 320 W. KENNEDY BLVD.<br>4TH FLOOR |
| City-State-Zip: | TAMPA FL 33606 |

*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: JEANNE TATE DIRECTOR 01/06/2023

Electronic Signature of Signing Officer/Director Detail — Date