## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008295

Entity Name: HEART OF ADOPTIONS ALLIANCE, INC.

**FILED** Apr 24, 2019 **Secretary of State** 1234440305CC

## **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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title

TATE, JEANNE T HEALEY, ERICA T Name Name Address 418 W. PLATT STREET Address 622 MAMORA AVE

SUITE B TAMPA FL 33606

City-State-Zip: TAMPA FL 33606 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name SCHUPAY, BRIGETTE

RICE, CYNTHIA Name Address **CMR 489** 

1744 N BELCHER ROAD **BOX 1175** #150

City-State-Zip: APO AE 09751 CLEARWATER FL 33765-1305 City-State-Zip:

Title **DIRECTOR** 

RAGANO, LEANNE Name Address 18715 PHILLIPS RD

City-State-Zip: BROOKSVILLE FL 34604

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: LEANNE RAGANO **DIRECTOR**  04/24/2019