2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

TAMPA FL 33606

City-State-Zip:

FILED Apr 30, 2024

Secretary of State

6302390640CC

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:

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

Name HILL, JUSTIN DR. DINES, STEVE Name

4390 ALAN SHEPARD AVENUE Address 23205 CLUB VILLAS DR Address

City-State-Zip: COCOA FL 32926 City-State-Zip: LAND O LAKES FL 34639

Title **DIRECTOR**

Title DIRECTOR Name GRUTZA, JODY PEGLER, JEFF Name Address P. O. BOX 1435

Address 456 W. DAVIS BOULEVARD City-State-Zip: SAFETY HARBOR FL 34695

City-State-Zip: TAMPA FL 33606

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

Name SMOAK, WILLIAM Name BOLES, AMBER

Address 320 W. KENNEDY BLVD. Address

3853 NORTHDALE BLVD. 4TH FLOOR

#176 City-State-Zip: TAMPA FL 33606 TAMPA FL 33624 City-State-Zip:

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.

04/30/2024 D SIGNATURE: JEANNE T. TATE