

2020 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**Officer/Director Detail :**Title D
Name TATE, JEANNE T
Address 418 W. PLATT STREET
SUITE B
City-State-Zip: TAMPA FL 33606Title DIRECTOR
Name RICE, CYNTHIA
Address 1744 N BELCHER ROAD
#150
City-State-Zip: CLEARWATER FL 33765-1305Title DIRECTOR
Name RAGANO, LEANNE
Address 18715 PHILLIPS RD
City-State-Zip: BROOKSVILLE FL 34604Title D
Name HEALEY, ERICA T
Address 622 MAMORA AVE
City-State-Zip: TAMPA FL 33606Title DIRECTOR
Name SCHUPAY, BRIGETTE
Address 1102 E 31ST AVE
City-State-Zip: TAMPA FL 33603

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 T. TATE**DIRECTOR****05/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date