

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005064

**Entity Name:** HOUSING, EDUCATION, AND REHABILITATION OF ORPHANS, INC.

**FILED**  
**Apr 05, 2015**  
**Secretary of State**  
**CC2621610669**

**Current Principal Place of Business:**

4309 EL MAR DR.  
LAUDERDALE BY THE SEA, FL 33308

**Current Mailing Address:**

P.O. BOX 480820  
FT. LAUDERDALE, FL 33348 US

**FEI Number: 27-1927622**

**Certificate of Status Desired: No**

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

KIRBY, STEVEN MDR.  
4308 EL MAR DR.  
LAUDERDALE BY THE SEA, FL 33308 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            PRESIDENT AND TREASURER  
Name            KIRBY, STEVEN MDR.  
Address        4309 EL MAR DR.  
City-State-Zip: LAUDERDALE BY THE SEA FL 33308

Title            VICE-PRESIDENT AND SECRETARY  
Name            DEARDORFF, MICHELE  
Address        508 SCHOOLEY RD.  
City-State-Zip: ZILLAH WA 98953

*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: STEVEN KIRBY**

**PRESIDENT**

**04/05/2015**

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

\_\_\_\_\_  
Date