

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006385

Entity Name: HEROES RELIEF, INC.**Current Principal Place of Business:**7305 JANCZLIK DR.
NEW PORT RICHEY, FL 34652**Current Mailing Address:**7305 JANCZLIK DR.
NEW PORT RICHEY, FL 34652**FEI Number:** 47-4414282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALLONE, CARL A
7305 JANCZLIK DR.
NEW PORT RICHEY, FL 34652 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** CHIEF EXECUTIVE OFFICER
(CEO)/FOUNDER/CHAIRMAN OF THE
BOARD**Name** PALLONE, CARL A**Address** 7305 JANCZLIK DR.**City-State-Zip:** NEW PORT RICHEY FL 34652**Title** TREASURER**Name** WILLIAMS, RICH**Address** 7305 JANCZLIK DR.**City-State-Zip:** NEW PORT RICHEY FL 34652**Title** BOARD MEMBER**Name** WASHINGTON, RUSSELL**Address** 7305 JANCZLIK DR.**City-State-Zip:** NEW PORT RICHEY FL 34652**Title** VICE-CHAIR**Name** RAMCHARRAN, RAM DR.**Address** 7305 JANCZLIK DR.**City-State-Zip:** NEW PORT RICHEY FL 34652**Title** SOCIAL MEDIA
MANAGER/SECRETARY**Name** BLACK, ALICIA**Address** 7305 JANCZLIK DR.**City-State-Zip:** NEW PORT RICHEY FL 34652

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: CARL PALLONE**CHIEF EXECUTIVE
OFFICER****01/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date