

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011163

Entity Name: HERO MISSIONS INC.**Current Principal Place of Business:**6753 WILD LAKE TER.
BRADENTON, FL 34212**Current Mailing Address:**6753 WILD LAKE TER.
BRADENTON, FL 34212 US**FEI Number: 81-4525968****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREITER, ALISON
6753 WILD LAKE TERR
BRADENTON, FL 34212 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 VP, D
Name BRIETER, ALLISON
Address 45500 CLAY GULLY RD
City-State-Zip: MYAKKA CITY FL 34251

Title S,D
Name TIANI, OLIVIA
Address 4050 WOODSPRING LANE
1-408 C
City-State-Zip: TAMPA FL 33613

Title D
Name HELMUTH, KRISTLE
Address 3480 STEELGATE CT
City-State-Zip: MIDDLEBURG FL 32068

Title D
Name HECKER, HEIDI
Address 726 ORNELDA ST SW
City-State-Zip: RUSKIN FL 33570

Title DIRECTOR
Name HELMUTH, KRISTLE
Address 45500 CLAY GULLY RD
City-State-Zip: MYAKKA CITY FL 34251

Title P, DIRECTOR
Name DUNCAN, SUMMER
Address 28996 CUMBERLAND RD.
City-State-Zip: TEMECULA CA 92951

Title T,D
Name MANNING, CAROLYN
Address 7167 CHATUM LIGHT RUN
City-State-Zip: BRADENTON FL 34212

Title D
Name CERNIGLIO, TIFFANY
Address 9808 RIVERCHASE DR.
City-State-Zip: NEW PORT RICHEY FL 34655

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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: ALISON BREITER**DIRECTOR****04/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name ANNICELLI, MARYA
Address 5760 FORESTER POND RD
City-State-Zip: SARASOTA FL 34243

Title D
Name GREEK, JHONNY
Address P.O. BOX 214
City-State-Zip: FT. WHITE FL 32038