

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011163

Entity Name: HERO MISSIONS INC.**Current Principal Place of Business:**50 NORTH LAURA ST
SUITE 2500
JACKSONVILLE, FL 32202**Current Mailing Address:**50 N LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 US**FEI Number:** 81-4525968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREITER, ALISON
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 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 S,D
Name TIANI, OLIVIA
Address 4050 WOODSPRING LANE
1-408 C
City-State-Zip: TAMPA FL 33613Title DIRECTOR
Name MOORE, COURTNEY
Address 50 N LAURA STREET
SUITE 2500
City-State-Zip: JACKSONVILLE FL 32202Title DIRECTOR
Name COLELLA, LISA
Address 50 N. LAURA ST
City-State-Zip: JACKSONVILLE FL 32202Title P, CEO
Name DUNCAN, SUMMER
Address 50 NORTH LAURA STREET
SUITE 2500
City-State-Zip: JACKSONVILLE FL 32202Title COO
Name WATSON, PAUL
Address 50 N LAURA STREET
SUITE 2500
City-State-Zip: JACKSONVILLE FL 32202

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: SUMMER DUNCAN

CEO

04/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date