

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011163

Entity Name: HERO MISSIONS INC.**Current Principal Place of Business:**7643 GATE PARKWAY
SUITE 104-527
JACKSONVILLE, FL 32256**Current Mailing Address:**7643 GATE PARKWAY
SUITE 104-527
JACKSONVILLE, FL 32256 US**FEI Number:** 81-4525968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUNCAN, SUMMER
7643 GATE PARKWAY
SUITE 104-527
JACKSONVILLE, FL 32256 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:** SUMMER DUNCAN

07/31/2020

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 33613

Title DIRECTOR
Name MOORE, COURTNEY
Address 7643 GATE PARKWAY
SUITE 104-527
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name COLELLA, LISA
Address 7643 GATE PARKWAY
SUITE 104-527
City-State-Zip: JACKSONVILLE FL 32256

Title P, CEO
Name DUNCAN, SUMMER
Address 7643 GATE PARKWAY
SUITE 104-527
City-State-Zip: JACKSONVILLE FL 32256

Title COO
Name WATSON, PAUL
Address 7643 GATE PARKWAY
SUITE 104-527
City-State-Zip: JACKSONVILLE FL 32256

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

07/31/2020

Electronic Signature of Signing Officer/Director Detail

Date