

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010263

**Entity Name:** HEARTS FOR THE HOMELESS GAINESVILLE, CORP**Current Principal Place of Business:**921 SW DEPOT AVE  
407  
GAINESVILLE, FL 32601**Current Mailing Address:**921 SW DEPOT AVE  
407  
GAINESVILLE, FL 32601 US**FEI Number:** 82-3105575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHEUNG, BOSCO  
921 SW DEPOT AVE  
407  
GAINESVILLE, FL 32601 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:** BOSCO CHEUNG

06/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUSTAMANTE, MELANIE  
Address        1000 SW 62ND BLVD  
                  0633A  
City-State-Zip: GAINESVILLE FL 32607

Title            SECRETARY  
Name            KABBEJ, NADIA  
Address        1360 W UNIVERSITY AVE  
                  951  
City-State-Zip: GAINESVILLE FL 32603

Title            TREASURER  
Name            CHEUNG, BOSCO  
Address        921 SW DEPOT AVE  
                  407  
City-State-Zip: GAINESVILLE FL 32601

Title            MEDICAL INFORMATION  
Name            DAVIS, ALEXANDRA  
Address        1216 SW 2ND AVE.  
                  144  
City-State-Zip: GAINESVILLE FL 32607

Title            VP  
Name            DURINA, AVA  
Address        111 NW 16TH ST  
City-State-Zip: GAINESVILLE FL 32603

Title            COMMUNITY OUTREACH  
Name            SCOTT, EMMA  
Address        4215 SW 96TH DR.  
City-State-Zip: GAINESVILLE FL 32608

Title            MEDICAL INFORMATION  
Name            RAY, SABRINA  
Address        921 SW DEPOT AVE  
                  312  
City-State-Zip: GAINESVILLE FL 32601

Title            RECRUITMENT  
Name            RUIZ, ALEJANDRA  
Address        1720 SW 37TH ST  
                  426B  
City-State-Zip: GAINESVILLE FL 32608

**Continues on page 2**

*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:** MELANIE BUSTAMANTE

PRESIDENT

06/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            RECRUITMENT  
Name            MATHEW, FEBA  
Address        1231 SW 3RD AVE  
                  225  
City-State-Zip: GAINESVILLE FL 32601

Title            MEMBER COORDINATOR  
Name            CHOMIAK, JOSEPH  
Address        1403 NW 9TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title            MEMBER COORDINATOR  
Name            ARENCIBIA, MELISSA  
Address        3700 SW 27TH ST  
                  H101  
City-State-Zip: GAINESVILLE FL 32608

Title            MEDICAL INFORMATION DIRECTOR  
Name            CARRAZANA, ANELA  
Address        2800 SW 35TH PLACE  
                  1910  
City-State-Zip: GAINESVILLE FL 32608