

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010263

**Entity Name:** HEARTS FOR THE HOMELESS GAINESVILLE, CORP**Current Principal Place of Business:**3900 SW 27 ST.  
2C-208  
GAINESVILLE, FL 32608**Current Mailing Address:**3900 SW 27 ST.  
2C-208  
GAINESVILLE, FL 32608 US**FEI Number:** 82-3105575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKIE, NALA  
3900 SW 27 ST.  
2C-208  
GAINESVILLE, FL 32608 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:** NALA MCKIE

09/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUSTAMANTE, MELANIE F  
Address        1000 SW 62ND BLVD  
                  633  
City-State-Zip: GAINESVILLE FL 32607

Title            REC  
Name            SHIR, SARA  
Address        4000 SW 23RD ST.  
                  1-105  
City-State-Zip: GAINESVILLE FL

Title            TREASURER  
Name            MCKIE , NALA  
Address        3900 SW 27 ST.  
                  2C-208  
City-State-Zip: GAINESVILLE FL 32608

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

Title            VP  
Name            SUMMERSFIELD, KYLE  
Address        3009 NW 1ST AVE  
City-State-Zip: GAINESVILLE FL 32607

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

Title            MEDICAL INFORMATION  
Name            GUERRA, AMY  
Address        1222 NW 8TH AVE  
City-State-Zip: GAINESVILLE FL 32601

Title            RECRUITMENT  
Name            RUIZ, ALEJANDRA  
Address        1720 SW 37TH ST  
                  335C  
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:** NALA MCKIE

TREASURER

09/03/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                COMMUNITY OUTREACH  
Name                CHRONISTER , ADAM  
Address            1720 SW 37TH ST  
                         217B  
City-State-Zip:    GAINESVILLE FL 32608

Title                COMMUNITY OUTREACH  
Name                DUNCAN , CHRISTOPHER  
Address            414 NW 14TH ST.  
                         11  
City-State-Zip:    GAINESVILLE FL 32603