

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

DOCUMENT# N19679

**Entity Name:** HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY  
FLORIDA, INC.

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**4033464489CC**

**Current Principal Place of Business:**

509 EAST JACKSON STREET  
TAMPA, FL 33602

**Current Mailing Address:**

509 EAST JACKSON STREET  
TAMPA, FL 33602 US

**FEI Number: 59-2850410**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SWAIN, TINA  
509 EAST JACKSON STREET  
TAMPA, FL 33602 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: TINA SWAIN

04/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name SWAIN, TINA E  
Address 509 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title CHAIRMAN  
Name BROOKS, ANTHONY  
Address 509 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title VC  
Name ZDROJEWSKI, MARK  
Address 509 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title T  
Name MOORER, DAMON  
Address 509 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title S  
Name SWINYER, JEREMY  
Address 509 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

*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: TINA SWAIN

CHIEF EXECUTIVE  
OFFICER

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date