

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005097

Entity Name: HOMEOWNERSHIP AND WORKFORCE ALLIANCE, INC**Current Principal Place of Business:**3008 N. NEBRASKA AV
TAMPA, FL 33603**Current Mailing Address:**P.O. BOX 4513
TAMPA, FL 33677 US**FEI Number:** 65-0698235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, JOHN
109 W. AMELIA AV
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WILLIAMS, JOHN
Address	PO BOX 4513
City-State-Zip:	TAMPA FL 33677

Title	SD
Name	WILLIAMS, HANNAH
Address	PO BOX 4513
City-State-Zip:	TAMPA FL 33677

Title	DIRECTOR
Name	DURRELL, BRANDON
Address	PO BOX 4513
City-State-Zip:	TAMPA FL 33677

Title	VP / CFO
Name	THOMPSON, ALECIA
Address	PO BOX 4513
City-State-Zip:	TAMPA FL 33603

Title	DIRECTOR
Name	IGMORI, AHMED
Address	PO BOX 4513
City-State-Zip:	TAMPA FL 33677

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: JOHN WILLIAMS**EXECUTIVE DIRECTOR****05/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date