

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000177

FILED
Sep 09, 2020
Secretary of State
9011941441CC

Entity Name: HEARTS & HANDS DISASTER RECOVERY INC.

Current Principal Place of Business:

3713 MAIDENCAIN STREET
CLERMONT, FL 34714

Current Mailing Address:

3713 MAIDENCAIN STREET
CLERMONT, FL 34714 US

FEI Number: 46-3939440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALO, FALON
3713 MAIDENCAIN STREET
CLERMONT, FL 34714 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 D
Name ALO, FALON
Address 3713 MAIDENCAIN STREET
City-State-Zip: CLERMONT FL 34714

Title P
Name GATES, CHARLES
Address 7 NOTTIGHAM DR
City-State-Zip: BRICKTOWNSHIP NJ 08724

Title TREASURER
Name CORBETT, THOMAS
Address PO BOX 136511
City-State-Zip: CLERMONT FL 34713

Title OTHER
Name JENKINS, SARA
Address PO BOX 136511
City-State-Zip: CLERMONT FL 34713

Title VP
Name ALO, VINCENT
Address PO BOX 136511
City-State-Zip: CLERMONT FL 34713

Title OTHER
Name FITZPATRICK, MATTHEW
Address PO BOX 136511
City-State-Zip: CLERMONT FL 34713

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: FALON ALO

EXECUTIVE DIRECTOR

09/09/2020

Electronic Signature of Signing Officer/Director Detail

Date