## 2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000177

Entity Name: HEARTS & HANDS DISASTER RECOVERY INC.

FILED
Mar 17, 2019
Secretary of State
1520484549CC

## **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 Title F

NameALO, FALONNameGATES, CHARLESAddress3713 MAIDENCAIN STREETAddress7 NOTTIGHAM DR

City-State-Zip: CLERMONT FL 34714 City-State-Zip: BRICKTOWNSHIP NJ 08724

Title TREASURER Title S

NameCORBETT, THOMASNameBARBER, LEAHAddressPO BOX 136511AddressPO BOX 136511

City-State-Zip: CLERMONT FL 34713 City-State-Zip: CLERMONT FL 34713

Title OTHER Title VP

NameJENKINS, SARANameALO, VINCENTAddressPO BOX 136511AddressPO BOX 136511

City-State-Zip: CLERMONT FL 34713 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 03/17/2019

Electronic Signature of Signing Officer/Director Detail

Date