

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2024

Secretary of State

1490165034CC

DOCUMENT# N17000000669

Entity Name: HEROES UNMASKED INC

Current Principal Place of Business:

354 BILTMORE STREET
PORT CHARLOTTE, FL 33953

Current Mailing Address:

354 BILTMORE STREET
PORT CHARLOTTE, FL 33953 US

FEI Number: 81-5086129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELKADY, MICHAEL
354 BILTMORE STREET
PORT CHARLOTTE, FL 33953 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 PRES
Name ELKADY, MARIA
Address 354 BILTMORE STREET
City-State-Zip: PORT CHARLOTTE FL 33953

Title V
Name SPRAGUE, PATRICIA
Address 354 BILTMORE STREET
City-State-Zip: PORT CHARLOTTE FL 33953

Title CEO
Name ELKADY, MICHAEL
Address 354 BILTMORE STREET
City-State-Zip: PORT CHARLOTTE FL 33953

Title T
Name BRYANT, MATTHEW
Address 354 BILTMORE STREET
City-State-Zip: PORT CHARLOTTE FL 33953

Title S
Name CRAWFORD, JENNIFER
Address 354 BILTMORE STREET
City-State-Zip: PORT CHARLOTTE FL 33953

Title D
Name THREW, BENJAMIN
Address 1410 FIRESIDE ST
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR
Name SCHUERFRANZ, KEVIN
Address 17125 LOSILLAS CIRCLE
 UNIT 1212
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name SHEPHERD, CASSANDRA
Address 17516 WAYSIDE BEND
City-State-Zip: PUNTA GORDA FL 33982

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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: MICHAEL ELKADY

CEO

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name SAMUELS, CHRISTAL
Address 6613 DALEWOOD CIR
City-State-Zip: NORTH PORT FL 34288