

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004827

**Entity Name:** HELPING CHILDREN AND FAMILY NEED INC.

**Current Principal Place of Business:**

82 PINE STREET  
PORT JEFFERSON STATION, NY 11776

**Current Mailing Address:**

82 PINE STREET  
PORT JEFFERSON STATION, NY 11776 US

**FEI Number:** 46-2840257

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** KAPHY SHIN

03/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name EDMOND, JOEL  
Address 82 PINE STREET  
City-State-Zip: PORT JEFFERSON STATION NY 11776

Title EXECUTIVE SECRETARY  
Name LIBERTIN, KELLY  
Address 1213 TUSCOLA AVE  
City-State-Zip: SALISBURY MD 21801

Title CORRESPONDING SECRETARY  
Name DESIRAL, JEAN CLAUDY  
Address RUE PERIEL #10  
City-State-Zip: MARIAN

Title CORRESPONDING SECRETARY  
Name EDMOND, JOCELYN  
Address 973 7TH AVENUE  
City-State-Zip: LACHINE H8S 3A5

Title TREASURER  
Name LIBERTIN, MARIE ANJE DESIR  
Address 1213 TUSCOLA AVE  
City-State-Zip: SALISBURY MD 21801

Title CORRESPONDING SECRETARY  
Name ULYSSE, LEMITHE  
Address 201 LAMENTIN 54  
City-State-Zip: CARREFOUR PORT-AU-PRINCE

Title PASTOR  
Name SANSARIQUE, NUMA  
Address 321 ROUTE RAILLE  
City-State-Zip: CARREFOUR PORT-AU-PRINCE

Title ASST. SECRETARY  
Name RUFANE, FLOREAL  
Address 82 PINE STREET  
City-State-Zip: PORT JEFFERSON STATION NY 11776

*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:** JOEL EDMOND

PFREISIDENT

03/26/2021

Electronic Signature of Signing Officer/Director Detail

Date