

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004827

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

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC2854157244**

**Current Principal Place of Business:**

2259 LINTON RIGDE  
APT G12  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

2259 LINTON RIGDE  
APT G12  
DELRAY BEACH, FL 33444 US

**FEI Number: 46-2840257**

**Certificate of Status Desired: Yes**

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

SUPERBIZ REGISTERED AGENT, INC  
2259 LINTON RIGDE  
APT G12  
DELRAY BEACH, FL 33444 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 DP  
Name EDMOND, JOEL  
Address 2314 SR 17 N  
City-State-Zip: SEBRING FL 33870

Title EXECUTIVE SECRETARY  
Name CASSAGNOL, JOSUE  
Address 2259 LINTON RIGDE  
APT G 12  
City-State-Zip: DELRAY BEACH FL 33444

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

Title VP  
Name LIBERTIN, KELLY  
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 CORRESPONDING SECRETARY  
Name FLOREAL, RUFANE  
Address 1756 RUE DELORME  
City-State-Zip: LAVAL QUEBEC H7M 2W3

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

Title CORRESPONDING SECRETARY  
Name DESEMA, LEONOR  
Address LA REVOIR  
City-State-Zip: BAINET BAINET

**Continues on page 2**

*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**

**PRESIDENT**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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