

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004827

Entity Name: HELPING CHILDREN AND FAMILY NEED INC.

Current Principal Place of Business:

1213 TUSCOLA AVENUE
SALISBURY, MD 21801

Current Mailing Address:

1213 TUSCOLA AVENUE
SALISBURY, MD 21801 US

FEI Number: 46-2840257

Certificate of Status Desired: Yes

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

02/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name EDMOND, JOEL
Address 259-32 CRAFT AVENUE
City-State-Zip: ROSEDALE NY 11422

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

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

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

PRESIDEN

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date