

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010283

**Entity Name:** HELP ONE FOUNDATION, INC.

**Current Principal Place of Business:**

581 SW 102ND TER., #26-107  
PEMBROKE PINES, FL 33205

**Current Mailing Address:**

581 SW 102ND TER., #26-107  
PEMBROKE PINES, FL 33205 US

**FEI Number:** 83-2104001

**Certificate of Status Desired:** No

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

EMILE, SAMMY L  
581 SW 102ND TER., #26-107  
PEMBROKE PINES, FL 33205 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 P,D  
Name EMILE, SAMMY L  
Address 581 SW 102ND TER., #26-107  
City-State-Zip: PEMBROKE PINES FL 33205

Title VP,D  
Name EMILE, TIFFANY L  
Address 581 SW 102ND TER., #26-107  
City-State-Zip: PEMBROKE PINES FL 33205

Title S,D  
Name EMILE, ROD A  
Address 581 SW 102ND TER., #26-107  
City-State-Zip: PEMBROKE PINES FL 33205

Title T  
Name EMILE, SAMMY L  
Address 581 SW 102ND TER., #26-107,  
City-State-Zip: PEMBROKE PINES FL 33205

Title D  
Name PETERSON, AMBER JEAN  
Address 530A WILSON AVE  
APT 5  
City-State-Zip: SHEBOYGAN WI 53081

Title D  
Name NEWHOUSE, REBECCA ROSEANNE  
Address 7433 LAMAR AVE  
City-State-Zip: OVERLAND PARK KS 66204

*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:** EMILE, SAMMY L

**PRESIDENT**

**04/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date