

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010283

**FILED**  
**Feb 17, 2020**  
**Secretary of State**  
**1842394649CC**

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

**Current Principal Place of Business:**

8000 WEST DRIVE  
UNIT 415  
NORTH BAY VILLAGE , FL 33141

**Current Mailing Address:**

8000 WEST DRIVE  
UNIT 415  
NORTH BAY VILLAGE , FL 33141 US

**FEI Number:** 83-2104001

**Certificate of Status Desired:** Yes

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

EMILE, SAMMY L  
8000 WEST DRIVE  
UNIT 415  
NORTH BAY VILLAGE , FL 33141 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 8000 WEST DRIVE  
UNIT 415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title VP, D  
Name EMILE, TIFFANY L  
Address 8000 WEST DRIVE  
UNIT 415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title S, D  
Name EMILE, ROD A  
Address 8000 WEST DRIVE  
UNIT 415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title T  
Name EMILE, SAMMY L  
Address 8000 WEST DRIVE  
UNIT 415  
City-State-Zip: NORTH BAY VILLAGE FL 33141

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:** SAMMY EMILE

**PRESIDENT**

**02/17/2020**

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

\_\_\_\_\_  
Date