

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008609

Entity Name: COPS HELPING KIDS INC**Current Principal Place of Business:**3199 LAKE WORTH RD., SUITE B3
LAKE WORTH, FL 33461**Current Mailing Address:**3199 LAKE WORTH RD., SUITE B3
LAKE WORTH, FL 33461**FEI Number:** 20-5453162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOE, RODERICK C
3199 LAKE WORTH RD., SUITE B3
LAKE WORTH, FL 33461 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 PD
Name LESTRANGE, MIKE
Address 3199 LAKE WORTH RD., SUITE B3
City-State-Zip: LAKE WORTH FL 33461

Title SD
Name ROMSTADT, GLENN
Address 3199 LAKE WORTH RD., SUITE B3
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name ESSARY, MARK
Address 3199 LAKE WORTH RD., SUITE B3
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name PELLETIER, J.P.
Address 3199 LAKE WORTH RD., SUITE B3
City-State-Zip: LAKE WORTH FL 33461

Title VPD
Name FLYNN, SEAN E
Address 3199 LAKE WORTH RD., SUITE B3
City-State-Zip: LAKE WORTH FL 33461

Title T
Name MOE, RODERICK C
Address 3199 LAKE WORTH ROAD, SUITE B-3
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name LONGINO, ADAM
Address 3199 LAKE WORTH RD., SUITE B3
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name FORD, MARY
Address 3199 LAKE WORTH RD., SUITE B3
City-State-Zip: LAKE WORTH FL 33461

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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: RODERICK C MOE CPA**TREASURER****01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------------|
| Title | DIRECTOR |
| Name | MOORE, TRISTRAM |
| Address | 3199 LAKE WORTH RD., SUITE B3 |
| City-State-Zip: | LAKE WORTH FL 33461 |