

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005549

**FILED**  
**Mar 13, 2014**  
**Secretary of State**  
**CC8129154148**

**Entity Name:** HELP NET CHARITY, INC.

**Current Principal Place of Business:**

1202 CHESTERTON AVE.  
ORLANDO, FL 32809

**Current Mailing Address:**

1202 CHESTERTON AVE.  
ORLANDO, FL 32809

**FEI Number:** 26-4620623

**Certificate of Status Desired:** Yes

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

DELICES, VILVALES  
1202 CHESTERTON AVE.  
ORLANDO, FL 32809 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 EXEC  
Name DELICES, VILVALES  
Address 1202 CHESTERTON  
City-State-Zip: ORLANDO FL 32809

Title SEC  
Name MCMILLIAN, MALLORIE  
Address 5028 POLARIS STREET  
City-State-Zip: ORLANDO FL 32819

Title TREA  
Name ST. JEAN, KEITH  
Address 3306 OAK BROOK LANE  
City-State-Zip: EUSTIS FL 32736

Title PRES  
Name HAMPTON, CLARISSA  
Address 11203 OLD HARBOR ROAD #211  
City-State-Zip: ORLANDO FL 32837

Title BOAR  
Name JONES, MONICA  
Address 1320 WEST 91ST STREET  
City-State-Zip: CHICAGO IL 60620

Title VICE  
Name LOVE, THIM  
Address 9249 NELSON PARK CIRCLE #108  
City-State-Zip: ORLANDO FL 32817

*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:** VILVALES DELICES

**EXECUTIVE DIRECTOR**

**03/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date