

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011665

**Entity Name:** HELPING EVERY LIVING PERSON, INC.**Current Principal Place of Business:**160 NW 145TH STREET  
MIAMI, FL 33168**Current Mailing Address:**160 NW 145TH STREET  
MIAMI, FL 33168 US**FEI Number:** 27-4373823**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FORD, WILHELMINA W  
160 N W 145TH ST  
MIAMI, FL 33168 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
Name	FORD, WILHELMINA W
Address	160 NW 145TH ST
City-State-Zip:	MIAMI FL 33168

Title	VP
Name	RAGIN, JOHN
Address	1340 NW 100TH TERRACE
City-State-Zip:	MIAMI FL 33147

Title	DIR
Name	WILCOX, QUARTAS M
Address	745 NW 47 TERRACE
City-State-Zip:	MIAMI FL 33127

Title	S/T
Name	HARRISON, JERRONIE L JR.
Address	1861 NW 8TH STREET
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIR
Name	RAGIN, JOHN
Address	1340 NW 100 TERRACE
City-State-Zip:	MIAMI FL 33147

*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:** WILHELMINA W FORD**MGR****04/07/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date