

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011665

Entity Name: HELPING EVERY LIVING PERSON, INC.**Current Principal Place of Business:**18350 NW 2ND AVENUE, SUITE 620
MIAMI GARDENS, FL 33169-4519**Current Mailing Address:**160 NW 145TH STREET
MIAMI, FL 33168**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	BLOOM, KATARA D
Address	17230 NW 36TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33056

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 FORD**PRESIDENT****03/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date