2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2016
Secretary of State
CC9521820319

DOCUMENT# N15000010836

Entity Name: COMMUNITY HAND TO EMPOWER FAMILIES IN NEED, INC.

Current Principal Place of Business:

3554 SANTIAGO WAY
NAPLES, FL 34105

Current Mailing Address:

3554 SANTIAGO WAY
NAPLES, FL 34105 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTONIAK, KRZYSZTOF
3554 SANTIAGO WAY
NAPLES, FL 34105 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: KRZYSZTOF ANTONIAK 09/16/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	P/C
Name	ANTONIAK, KRZYSZTOF	Name	ANTONIAK, KRZYSZTOF
Address	3554 SANTIAGO WAY	Address	3554 SANTIAGO WAY
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105
Title	D	Title	D
Name	SAGESSE, JEAN	Name	GEDEUS, METICHELA
Address	4712 25TH PLACE S.W.	Address	2085 41ST TERRACE S.W.
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

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: KRZYSZTOF ANTONIAK DIRECTOR 09/16/2016

Electronic Signature of Signing Officer/Director Detail — Date