

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007742

Entity Name: NEW ADVENTURE TO HELP THE HOMELESS INC.**Current Principal Place of Business:**944 CHURCHILL RD
WEST PALM BEACH, FL 33405**Current Mailing Address:**944 CHURCHILL RD
WEST PALM BEACH, FL 33405 US**FEI Number:** 82-2444469**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALUCHI, RAY
944 CHURCHILL RD
WEST PALM BEACH, FL 33405 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	BALUCHI, RAY
Address	PO BOX 811882
City-State-Zip:	BOCA RATON FL 33481

Title	T
Name	MIRZAEI, SHAPOUR
Address	6943 SHOUP AVENUE
City-State-Zip:	WEST HILLS CA 91307

Title	PD
Name	BALUCHI, RAY
Address	5509 N. MILITARY TRAIL # 509
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	HOLLAND, KEITH
Address	4301 TOPANGA CANYON BLVD.
City-State-Zip:	WOODLAND HILLS CA 91364

Title	V
Name	STEINMAN, PHILIP
Address	16481 WESTFALL PL
City-State-Zip:	ENCINO CA 91436

Title	S
Name	WALSH, LYNN
Address	5509 N. MILITARY TR. #509
City-State-Zip:	BOCA RATON FL 33496

Title	VD
Name	STEINMAN, PHILIP
Address	16481 WESTFALL PL.
City-State-Zip:	ENCINO CA 91436

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: BALUCHI , RAY**MGR****04/08/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date