

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000008294

Entity Name: HELENS HOUSE, INC.

Current Principal Place of Business:

2330 JOHNNY ELLISON DRIVE
MELBOURNE, FL 32901

Current Mailing Address:

2330 JOHNNY ELLISON DRIVE
MELBOURNE, FL 32901 US

FEI Number: 83-1655259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORROW, BRYAN B PRESIDENT
2330 JOHNNY ELLISON DRIVE
MELBOURNE, FL 32901 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: BRYAN MORROW

01/26/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MORROW, BRYAN B JR
Address 4340 DONCASTER DRIVE
City-State-Zip: MELBOURNE FL 32935

Title S
Name MORROW, TERRI
Address 4340 DONCASTER DRIVE
City-State-Zip: MELBOURNE FL 32935

Title T
Name SLATE, JAMES D
Address 1370 GARWOOD DRIVE
City-State-Zip: MELBOURNE FL 32904

Title D
Name GUINN, WAYNE
Address 877 N HIGHWAY A1A UNIT 603
City-State-Zip: INDIALANTIC FL 32903

Title D
Name FADDEN, CHRISTOPHER J
Address 302 RIVERSIDE DRIVE
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR
Name ELLISON, BRIAN
Address 2450 JUDGE FRAN JAMIESON WAY
UNIT 2105
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name ETHRIDGE, TREY
Address 4450 PORTAGE TRAIL
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name GANDOLFO, LUCIAN
Address 620 BAYTREE DRIVE
City-State-Zip: MELBOURNE FL 32940

Continues on page 2

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: BRYAN B. MORROW, JR.

PRESIDENT

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ARBOGAST, MICHAEL
Address 108 W. NEW HAVEN AVENUE
City-State-Zip: MELBOURNE FL 32901