

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012465

**Entity Name:** HELPING HANDS FOR AHAYA INC

**Current Principal Place of Business:**

1317 EDGEWATER DR #2541  
ORLANDO, FL 32804

**Current Mailing Address:**

5764 NORTH ORANGE BLOSSOM TRAIL  
#166  
ORLANDO, FL 32810 US

**FEI Number:** 85-3835800

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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 MARR, NAEMA  
Address 4707 FLAGLER BEACH WAY  
City-State-Zip: KISSIMMEE FL 34746

Title TRE  
Name MARR, NAEMA  
Address 4707 FLAGLER BEACH WAY  
City-State-Zip: KISSIMMEE FL 34746

Title SEC  
Name BROWN, ADELLE  
Address 4707 FLAGLER BEACH WAY  
City-State-Zip: KISSIMMEE FL 34746

Title DIR  
Name MARR, NAEMA  
Address 4707 FLAGLER BEACH WAY  
City-State-Zip: KISSIMMEE FL 34746

Title DIR  
Name BROWN, ADELLE  
Address 4707 FLAGLER BEACH WAY  
City-State-Zip: KISSIMMEE FL 34746

Title DIR  
Name THOMPSON, NADINE  
Address 4707 FLAGLER BEACH WAY  
City-State-Zip: KISSIMMEE FL 34746

*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:** MARR, NAEMA

**AUTHORIZED MEMBER**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date