

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39948

**Entity Name:** HPS, HELPING PEOPLE SUCCEED FOUNDATION, INC.

**Current Principal Place of Business:**

1601 NE BRAILLE PLACE  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

1601 NE BRAILLE PLACE  
JENSEN BEACH, FL 34957 US

**FEI Number:** 65-0264765

**Certificate of Status Desired:** Yes

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

HUTCHESON, SUZANNE  
1601 NE BRAILLE PLACE  
JENSEN BEACH, FL 34957 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 SD  
Name NASH, CLAIRE  
Address 300 SE MARTIN AVE.  
City-State-Zip: STUART FL 34996

Title VCD  
Name BRESSMAN, MARY ROSE  
Address 1900 NW RIVER TRAIL  
City-State-Zip: STUART FL 34994

Title CD  
Name JOHNSON, BONNEY  
Address PO BOX 653066  
City-State-Zip: DALLAS TX 75265

Title PD  
Name HUTCHESON, SUZANNE  
Address 1601 NE BRAILLE PLACE  
City-State-Zip: JENSEN BEACH FL 34957

Title TD  
Name SHULTZ, STEVEN  
Address 522 COLORADO AVE.  
City-State-Zip: STUART FL 34994

*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:** SUZANNE HUTCHESON

PD

03/30/2021

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

\_\_\_\_\_  
Date