# 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: PAIGE A VECCHITTO

MILTON FL 32570

Electronic Signature of Signing Officer/Director Detail

5613 HEATHER WAY MILTON, FL 32570

Electronic Signature of Registered Agent

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Mailing Address:**

DOCUMENT# N43214

5613 HEATHER WAY MILTON, FL 32570 US

## FEI Number: 59-3051434

### Name and Address of Current Registered Agent:

Entity Name: HELPING OUR WORLD, INC.

**Current Principal Place of Business:** 

VECCHITTO, PAIGE APD 5613 HEATHER WAY MILTON, FL 32570 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:

City-State-Zip:

#### **Officer/Director Detail :** Title PD Title DTS VECCHITTO, PAIGE APD Name Name NOEL, VIRGINIA EDTS 5613 HEATHER WAY Address 5613 HEATHER WAY Address City-State-Zip: MILTON FL 32570 City-State-Zip: MILTON FL 32570 Title VD BABB, GRADY WVD Name Address COTTONWOOD DRIVE

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

PD

FILED Apr 11, 2013 Secretary of State CC6850652872

Certificate of Status Desired: No

04/11/2013 Date

Date