

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004077

FILED  
Apr 02, 2011  
Secretary of State

**Entity Name:** HELPING HURTING WOMEN HEAL INC.

**Current Principal Place of Business:**

900 N W 84TH STREET  
MIAMI, FL 33150

**New Principal Place of Business:**

1510 NW 175 STREET  
MIAMI, FL 33169

**Current Mailing Address:**

900 N W 84TH STREET  
MIAMI, FL 33150

**New Mailing Address:**

1510 NW 175 STREET  
MIAMI, FL 33169

**FEI Number:** 01-0708296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATHIS, CAMILLA  
900 N W 84TH STREET  
MIAMI, FL 33150 US

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

MATHIS, CAMILLA  
1510 NW 175 ST  
MIAMI, FL 33169 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:

04/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MATHIS, CAMILLA  
Address: 1510 NW 175 ST  
City-St-Zip: MIAMI, FL 33169

Title: D  
Name: JONES, WILLIE J  
Address: 2261 N W 58TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: VD  
Name: MATHIS, RONDREA D  
Address: 900 NW 84 ST  
City-St-Zip: MIAMI, FL 33150

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: CAMILLA MATHIS

P

04/02/2011

Electronic Signature of Signing Officer or Director

Date