

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90154 023 ****61.25

DOCUMENT # N03000000023

1. Entity Name

HELPING HAND MISSION ORGANIZATION, INC.



Principal Place of Business

**1504 BARTON RD.
LAKE WORTH FL 33460**

Mailing Address

**1504 BARTON RD.
LAKE WORTH FL 33460**

2. Principal Place of Business

1504 BARTON Rd

3. Mailing Address

1504 BARTON Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

53-231-6103

Applied For

Not Applicable

Zip

33460 PALM BEACH

Country

Zip

33460 PALM BEACH

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DESTINE, JEAN J
1504 BARTON RD.
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jacques Destine**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-09-23

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DESTINE, JEAN J	
STREET ADDRESS	1504 BARTON RD.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAFALAISE, MARC E	
STREET ADDRESS	8272 BERMUDA SOUND WAY	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	T	<input type="checkbox"/> Delete
NAME	DESTINE-JACKSON	
STREET ADDRESS	2209 SE 2ND ST.	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAFALAISE, JEAN C	
STREET ADDRESS	1504 BARTON RD.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORACE, MARIE C	
STREET ADDRESS	113 SEACREST CT.	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCOIS, KERVENS J	
STREET ADDRESS	208 SE 2ND ST.	
CITY-ST-ZIP	DELRAY BCH FL 33444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE CARLINE DESTINE	
STREET ADDRESS	113 SEACREST CT. BOYNTON BEACH	
CITY-ST-ZIP	33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jacques Destine**

04-09-23

561-5024775

CR2E037 (10/02)