

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007959

FILED
Apr 20, 2011
Secretary of State

Entity Name: ILORMISE'S LEGAL CLINIC-HELPPFEED THIS FAMILY, INC.

Current Principal Place of Business:

20140 NE 3RD COURT #7
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20140 NE 3RD COURT #7
MIAMI, FL 33179

New Mailing Address:

3870 68TH AVE NE
NAPLES, FL 34120

FEI Number: 42-1737877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENECHARIES, WILNER
550 11TH STREET #7
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

SENECHARLES, FRANKLIN
3870 68TH AVE NE
NAPLES, FL 34120 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: FRANKLIN SENECHARLES

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CENECHARLES, HILDA
Address: 20140 NE 3RD COURT, #7
City-St-Zip: MIAMI, FL 33179

Title: EVP
Name: SENECHARLES, JUNIA
Address: 3870 68TH AVENUE, NE
City-St-Zip: NAPLES, FL 34120 US

Title: E D
Name: SENECHARLES, FRANKLIN
Address: 3870 68TH AVENUE, NE
City-St-Zip: NAPLES, FL 34120

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: FRANKLIN SENECHARLES

E D

04/20/2011

Electronic Signature of Signing Officer or Director

Date