

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007959

FILED  
Apr 09, 2012  
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:**

3870 68TH AVE NE  
NAPLES, FL 34120

**New Mailing Address:**

FEI Number: 42-1737877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

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

Title: EVP  
Name: SENECHARLES, JUNIACE  
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

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date