

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004216

FILED
Oct 26, 2009
Secretary of State

Entity Name: HELPING CHILDREN WORLDWIDE CENTER INC.

Current Principal Place of Business:

1257 NORTH PINE HILLS ROAD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1257 NORTH PINE HILLS ROAD
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 26-2442285 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GESNER, LOUISIUS
1257 NORTH PINE HILLS ROAD
ORLANDO, FL 32808 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: LOUISIUS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GESNER, LOUISIUS
Address: 1257 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: GESNER, MONESE
Address: 705 NE 163RD STREET
City-St-Zip: MIAMI, FL 33162

Title: T () Delete
Name: DONNAMRC, MARIE
Address: 107 ILIAD COURT
City-St-Zip: OCOEE, FL 34761

Title: MEM () Delete
Name: LOUISIUS, JACOB
Address: 4879 RELEIGH COURT . APT. 1
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: LALANNE, WILEM
Address: 6821 HENNEPIN BLVD.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GESNER LOUISIUS

P

10/26/2009

Electronic Signature of Signing Officer or Director

Date