DOCUMENT # N9600000640

1. Entity Name

THE HELP OUR PEOPLE ENDURE FARM FOUNDATION, INC.

Principal Place of Business	Mailing Address
21100 59TH LANE NORTH LOXAHATCHEE FL 33470	21100 59TH LANE NORTH LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 65-0694163 Applied For / Not Applicable
Zip Country	Zip Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRIS, JAMES 21100 59TH LANE NORTH LOXAHATCHEE FL 33470	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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** **Department of State**

10.   OFFICERS AND DIRECTORS | **11.**   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORRIS, JAMES		NAME		
STREET ADDRESS	21100 59TH LANE NORTH		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP		

TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORRIS, ANNA		NAME		
STREET ADDRESS	21100 59TH LANE NORTH		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP		

TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLOSE, THOMAS V		NAME		
STREET ADDRESS	12794 W. FOREST HILL BLVD. STE 11A		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ REQUIRED _____ 1/4/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (10/00)