

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008082

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC8238879480**

**Entity Name:** HOUSING ENHANCEMENT FOR LOWER INCOME PEOPLE INC

**Current Principal Place of Business:**

2423 HARRY T. MOORE AVE  
SUITE 2  
MIMS, FL 32754

**Current Mailing Address:**

PO BOX 112  
MIMS, FL 32754

**FEI Number: 14-1915984**

**Certificate of Status Desired: No**

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

EDWARDS, OTHNIEL A  
2423 HARRY T. MOORE AVE  
MIMS, FL 32754 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:** OTHNIEL EDWARDS

04/17/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAWSON- YOUNG, CHERYL F  
Address P.O. BOX 807  
City-State-Zip: MIMS FL 32754

Title VP  
Name HESTER, ROBYNNE  
Address 2423 HARRY T. MOORE AVE  
City-State-Zip: MIMS FL 32754

Title S  
Name EDWARDS, OTHNIEL  
Address 139 E. HARDING STREET  
City-State-Zip: ORLANDO FL 32806

Title T  
Name CARTER, LARRY  
Address P.O. BOX 361623  
City-State-Zip: MELBOURNE FL 32936

*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:** OTHNIEL EDWARDS

**SECRETARY**

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date