

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 09, 2017**

**Secretary of State**

**CC5238862449**

DOCUMENT# N06000008609

**Entity Name:** COPS HELPING KIDS INC

**Current Principal Place of Business:**

3199 LAKE WORTH RD., SUITE B3  
LAKE WORTH, FL 33461

**Current Mailing Address:**

3199 LAKE WORTH RD., SUITE B3  
LAKE WORTH, FL 33461

**FEI Number:** 20-5453162

**Certificate of Status Desired:** No

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

MOE, RODERICK C  
3199 LAKE WORTH RD., SUITE B3  
LAKE WORTH, FL 33461 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LESTRANGE, MIKE  
Address 3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461

Title VPD  
Name FLYNN, SEAN E  
Address 3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461

Title SD  
Name ROMSTADT, GLENN  
Address 3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461

Title T  
Name MOE, RODERICK C  
Address 3199 LAKE WORTH ROAD, SUITE B-3  
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR  
Name ESSARY, MARK  
Address 3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR  
Name LONGINO, ADAM  
Address 3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR  
Name PELLETIER, J.P.  
Address 3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR  
Name FORD, MARY  
Address 3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461

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*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: RODERICK C. MOE**

**TREASURER**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MOORE, TRISTRAM  
Address        3199 LAKE WORTH RD., SUITE B3  
City-State-Zip: LAKE WORTH FL 33461