

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003074

Entity Name: HELP THE LEAST OF THESE, INC.**Current Principal Place of Business:**18091 VIA BELLAMARE LANE
FT MYERS, FL 33913**Current Mailing Address:**18091 VIA BELLAMARE LANE
FT MYERS, FL 33913**FEI Number:** 14-1993442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALLINGER, C. DOUGLAS
18091 VIA BELLAMARE LANE
FT MYERS, FL 33913 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	D
Name	BALLINGER, JOHN DAVID
Address	10741 VIVALDI CT. #1102
City-State-Zip:	MIROMAR LAKES FL 33913

Title	D
Name	BALLINGER, C. DOUGLAS
Address	18091 VIA BELLAMARE LANE
City-State-Zip:	FT MYERS FL 33913

Title	D
Name	PELLICCIOTTI, JOHN
Address	2511 BIRCH TREE
City-State-Zip:	GERMANTOWN TN 38138

Title	D
Name	BALLINGER, KIMMY
Address	10741 VIVALDI CT. #1102
City-State-Zip:	MIROMAR LAKES FL 33913

Title	SECRETARY
Name	BALLINGER, CALLIE A.
Address	8816 GAINSWAY DRIVE
City-State-Zip:	GERMANTOWN TN 38138

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: BALLINGER, C. DOUGLAS

D

04/11/2022

Electronic Signature of Signing Officer/Director Detail_____
Date