

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004827

Entity Name: HELPING CHILDREN AND FAMILY NEED INC.**Current Principal Place of Business:**1213 TUSCOLA AVENUE
SALISBURY, MD 21801**Current Mailing Address:**1213 TUSCOLA AVENUE
SALISBURY, MD 21801 US**FEI Number:** 46-2840257**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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:** KAPHY SHIN

02/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	EDMOND, JOEL
Address	259-32 CRAFT AVENUE
City-State-Zip:	ROSEDALE NY 11422
Title	EXECUTIVE SECRETARY
Name	LIBERTIN, KELLY
Address	1213 TUSCOLA AVE
City-State-Zip:	SALISBURY MD 21801
Title	CORRESPONDING SECRETARY
Name	FLOREAL, RUFANE
Address	1756 RUE DELORME
City-State-Zip:	LAVAL QUEBEC H7M 2W3
Title	CORRESPONDING SECRETARY
Name	EDMOND, JOCELYN
Address	973 7TH AVENUE
City-State-Zip:	LACHINE H8S 3A5

Title	TREASURER
Name	LIBERTIN, MARIE ANJE DESIR
Address	1213 TUSCOLA AVE
City-State-Zip:	SALISBURY MD 21801
Title	CORRESPONDING SECRETARY
Name	ULYSSE, LEMITHE
Address	201 LAMENTIN 54
City-State-Zip:	CARREFOUR PORT-AU-PRINCE
Title	PASTOR
Name	SANSARIQUE, NUMA
Address	321 ROUTE RAILLE
City-State-Zip:	CARREFOUR PORT-AU-PRINCE

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: JOEL EDMOND

PRESIDEN

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date