

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

DOCUMENT# N14000009283

**Entity Name:** HELP EQUATORIA FOUNDATION INC

**Current Principal Place of Business:**

6110 POWERS AVE  
12  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6110 POWERS AVE  
12  
JACKSONVILLE, FL 32217

**FEI Number:** 47-2004216

**Certificate of Status Desired:** No

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

GORE, PHILLIP L  
4165 SPRING GLEN RD  
JACKSONVILLE, FL 32207 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 P  
Name HENRY, ANDREW  
Address 1010 1ST AVE SW  
City-State-Zip: WORTHINGTON MN 56187

Title SEC  
Name UGWAK, JOHN  
Address 201 35TH STREET SW STE 101  
City-State-Zip: AUSTIN MN 55912

Title TREA  
Name CELESTINO, ALFRED D  
Address 2450 COUNTY RD. APT 4  
City-State-Zip: MOUND VIEWS MN 55112

Title OFFI  
Name GORE, PHILLIP L  
Address 4165 SPRING GLEN RD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** PHILLIP GORE

**OFFICER**

**01/23/2017**

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

\_\_\_\_\_  
Date