#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009283

Entity Name: HELP EQUATORIA FOUNDATION INC

**FILED** Apr 19, 2018 **Secretary of State** CC3636263983

# **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:

NC ACCOUNTING INC 6110 POWERS AVE

JACKSONVILLE, FL 32217 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: NADA CHEHAB 04/19/2018

> Date Electronic Signature of Registered Agent

> > Title

Name

Address

City-State-Zip:

#### Officer/Director Detail:

Title PRESIDENT, CHAIRMAN Title SECRETARY, TREASURER

Name GORE, PHILLIP Name CHEHAB, NADA

4165 SPRING GLEN RD 6110 POWERS AVE Address Address

**OFFICER** 

GORE, MUSALAM L

4165 SPRING GLEN RD

JACKSONVILLE FL 32207

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32217

Title ASST. TREASURER, ASST.

**SECRETARY** 

GORE, AZIZA Name

4165 SPRING GLEN RD Address

JACKSONVILLE FL 32207 City-State-Zip:

**OFFICER** Title

GORE, MUBARAK Name

4165 SPRING GLEN RD Address

JACKSONVILLE FL 32207 City-State-Zip:

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 **PRESIDENT** 

04/19/2018