

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006970

Entity Name: SHARE FOR HELP INC.**Current Principal Place of Business:**340 9TH ST N STE 79
NAPLES, FL 34102**Current Mailing Address:**340 9TH ST N STE 79
NAPLES, FL 34102**FEI Number:** 47-4648258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD STE A
TAMPA, FL 33612 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	PRESIDENT
Name	JASZBERENYI, TAMAS
Address	340 9TH ST N STE 79
City-State-Zip:	NAPLES FL 34102

Title	SECRETARY
Name	BARBAS, NICOLETT
Address	340 9TH ST N STE 79
City-State-Zip:	NAPLES FL 34102

Title	TREASURER
Name	SZABO, NORBERT
Address	340 9TH ST N STE 79
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	EASTERBROOKS, AARON
Address	340 9TH ST N STE 79
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	HORVATH, TAMAS
Address	340 9TH ST N STE 79
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	OLTI, GABOR
Address	340 9TH ST N STE 79
City-State-Zip:	NAPLES FL 34102

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: GABOR OLT**DIRECTOR****02/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date