

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009114

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC0430604347**

**Entity Name:** ASSOCIATION FOR THE HELP OF CHILDREN WITH DISABILITIES, CORP.

**Current Principal Place of Business:**

125 CEDAR STREET  
EDGEWATER, FL 32141

**Current Mailing Address:**

125 CEDAR STREET  
EDGEWATER, FL 32141 US

**FEI Number: 47-5367738**

**Certificate of Status Desired: Yes**

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

HEARN, SUSAN  
125 CEDAR STREET  
EDGEWATER, FL 32141 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 HEARN, SUSAN  
Address 125 CEDAR STREET  
City-State-Zip: EDGEWATER FL 32141

Title V  
Name HEARN, JEFFREY  
Address 125 CEDAR STREET  
City-State-Zip: EDGEWATER FL 32141

Title S  
Name HOOD, WILLIAM  
Address 110 ASH STREET  
City-State-Zip: EDGEWATER FL 32141

Title T  
Name PENTECOST, GERALDINE  
Address 125 CEDAR STREET  
City-State-Zip: EDGEWATER FL 32141

Title OFFICER  
Name GOLDMAN, HEATHER  
Address 144 HIGHLAND AVENUE  
APT. 1R  
City-State-Zip: SOMERVILLE MA 02143

*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: SUSAN HEARN**

**PRESIDENT**

**03/03/2016**

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

\_\_\_\_\_  
Date