

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006579

Entity Name: HELPING HAND MISSION & MINISTRIES ORGANIZATION INC.**Current Principal Place of Business:**2324 SOUTH CONGRESS AVE
SUITE- 2-F
PALM SPRINGS,, FL 33406**Current Mailing Address:**2324 SOUTH CONGRESS AVE
SUITE- 2-F
PALM SPRINGS,, FL 33406**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAFALAISE, MARC E
1504 BARTON RD
LAKE WORTH, FL 33460 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 LAFALAISE, MARC E
Address 1504 BARTON RD
City-State-Zip: LAKE WORTH FL 33460Title VP
Name DESTINE, JACQUES
Address 1625 MERCY DRIVE
City-State-Zip: ORLANDO FL 32808Title SECR
Name BOURSIQUOT, MARIE U
Address 8272 BERMUDA SOUND WAY
City-State-Zip: BOYNTON BEACH FL 33436Title COUN
Name AUGUSTIN, MARC
Address 2680 COOPER DR
City-State-Zip: WELLINGTON FL 33414Title COUN
Name DANIEL, MICHEL E
Address 508 CENTRAL AVE
City-State-Zip: CLEWISTON FL 33440Title COUN
Name BRUTUS, PRUDEAU
Address 25 TENNIS COURT, APT 2-E
City-State-Zip: BROOKLYN NY 11225

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: MARC E LAFALAISE

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05/07/2020

Electronic Signature of Signing Officer/Director Detail_____
Date