

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N18000011902

**Entity Name:** JEANNE CADET BRUTUS HELPING HANDS FAMILY FOUNDATION INC.

**FILED  
Feb 03, 2021  
Secretary of State  
1857423374CR**

**Current Principal Place of Business:**

2900 NE 9TH TERRACE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

2900 NE 9TH TERRACE  
POMPANO BEACH, FL 33064 US

**FEI Number: 00-0000000**

**Certificate of Status Desired: No**

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

BRUTUS, ANDERSON  
2900 NE 9TH TERRACE  
POMPANO BEACH, FL 33064 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: ANDERSON BRUTUS**

**02/03/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BRUTUS, ANDERSON  
Address 2900 NE 9TH TERRACE  
City-State-Zip: POMPANO BEACH FL 33064

Title VP  
Name BRUTUS, PATRICK  
Address 2900 NE 9TH TERRACE  
City-State-Zip: POMPANO BEACH FL 33064

Title O  
Name BRUTUS, WISLY  
Address 80 STERLING RD  
City-State-Zip: BROCKTON MA 02302

Title O  
Name LOUIS, GHISLAINE  
Address 100 BUTLER BLVD  
City-State-Zip: ELMONT NY 11003

Title O  
Name LOUHIS, SHERLEY  
Address 100 BUTLER BLVD  
City-State-Zip: ELMONT NY 11003

Title O  
Name CLERGE, KATIANA  
Address 330 W 26TH ST  
City-State-Zip: JACKSONVILLE FL 32206

*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: ANDERSON BRUTUS**

**PRESIDENT**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date