

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46418

Entity Name: H.E.L.P.S. MINISTRIES OF BROWARD, INC.**Current Principal Place of Business:**2401 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309**Current Mailing Address:**2401 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309 US**FEI Number:** 65-0299856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL R. ALFIERI, P.L.
2401 W. CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 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:** PAUL R. ALFIERI, ESQ.

04/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LEE, CAUSEY
Address 2401 W CYPRESS CREEK RD
City-State-Zip: FT LAUDERDALE FL 33309

Title DIRECTOR
Name SHELTON, THOMAS
Address 2401 W CYPRESS CREEK RD
City-State-Zip: FT LAUDERDALE FL 33309

Title SECRETARY
Name TODERIC, DEBORAH
Address 2401 W CYPRESS CREEK RD
City-State-Zip: FT LAUDERDALE FL 33309

Title PRESIDENT, DIRECTOR
Name CARLSON, STEVE
Address 2401 W CYPRESS CREEK RD
City-State-Zip: FT LAUDERDALE FL 33309

Title TREASURER
Name LUNAK, TOM
Address 2401 W CYPRESS CREEK RD
City-State-Zip: FT LAUDERDALE FL 33309

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: STEVE CARLSON

PRESIDENT

04/09/2020

Electronic Signature of Signing Officer/Director Detail

Date