

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000161

**Entity Name:** PROJECT HELP, HOMELESS EMERGENCY LIVING PROGRAM, INC.

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**3332067926CC**

**Current Principal Place of Business:**

318 SABAL PALM RD.  
NAPLES, FL 33941

**Current Mailing Address:**

PO BOX 7442.  
NAPLES, FL 34101 US

**FEI Number: 66-0490835**

**Certificate of Status Desired: Yes**

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

FISHBEIN, BRO. HOWARD  
318 SABAL PALM RD.  
NAPLES, FL 33941 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 D, PRESIDENT-TREASURER  
Name FISHBEIN, HOWARD BRUCE  
Address 2005 ROOKERY BAY DR. APT 1008  
City-State-Zip: NAPLES FL 34114

Title V  
Name RAVARIERE, BRO. HERMAN  
Address 1431 29TH ST. SW  
City-State-Zip: NAPLES FL 34117

Title S  
Name RAVARIERE, SIS. ANGI  
Address 1431 29TH ST. SW  
City-State-Zip: NAPLES FL 34117

Title D  
Name WILTSHIVER, BROSAM  
Address 318 SABAL PALM RD.  
City-State-Zip: NAPLES FL 33941

*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: HOWARD B FISHBEIN**

**PRESIDENT**

**02/09/2024**

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

\_\_\_\_\_  
Date