

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004215

**Entity Name:** JUST OUR SOLDIERS' HELPERS INC.

**Current Principal Place of Business:**

706 N. HWY 17-92  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 954031  
LAKE MARY, FL 32795 US

**FEI Number:** 45-2156711

**Certificate of Status Desired:** Yes

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

WALSH, GERALD  
5070 ORANGE BLVD  
SANFORD, FL 32771 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:** GERALD WALSH

01/16/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HEWITT, DENNIS  
Address        2713 TEAK PLACE  
City-State-Zip: LAKE MARY FL 32746

Title            TREASURER  
Name            ARIOTTI, MARLA  
Address        628 VENICE PLACE  
City-State-Zip: SANFORD FL 32771

Title            SECRETARY  
Name            ARIOTTI, SCOTT  
Address        628 VENICE PLACE  
City-State-Zip: SANFORD FL 32771

Title            VP  
Name            HIGGINS, ED  
Address        14550 GAINESBOROUGH DRIVE  
City-State-Zip: ORLANDO FL 32826

Title            DIRECTOR  
Name            HEDBERG, ANNE  
Address        2425 MARSHALL AVE  
City-State-Zip: SANFORD FL 32771

Title            DIRECTOR  
Name            HEWITT, KATHY D  
Address        2713 TEAK PLACE  
City-State-Zip: LAKE MARY FL 32746

Title            DIRECTOR  
Name            MACTYE, JEANMARIE  
Address        434 LUNA BELLE LANE #415  
City-State-Zip: NEW SMYRNA BEACH FL 32158

Title            DIRECTOR  
Name            WILLIAMS, PATRICIA  
Address        115 WILLOWBAY RIDGE STREET  
City-State-Zip: SANFORD FL 32771

*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:** KATHY D HEWITT

**DIRECTOR**

01/16/2022

Electronic Signature of Signing Officer/Director Detail

Date