

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005549

FILED
Apr 14, 2010
Secretary of State

Entity Name: HELP NET CHARITY, INC.

Current Principal Place of Business:

1202 CHESTERTON AVE.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1202 CHESTERTON AVE.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-4620623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELICES, VILVALES
1202 CHESTERTON AVE.
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: EXEC
Name: DELICES, VILVALES
Address: 1202 CHESTERTON
City-St-Zip: ORLANDO, FL 32809

Title: SEC
Name: MCMILLIAN, MALLORIE
Address: 5028 POLARIS STREET
City-St-Zip: ORLANDO, FL 32819

Title: TREA
Name: ST. JEAN, KEITH
Address: 3306 OAK BROOK LANE
City-St-Zip: EUSTIS, FL 32736

Title: PRES
Name: HAMPTON, CLARISSA
Address: 11203 OLD HARBOR ROAD #211
City-St-Zip: ORLANDO, FL 32837

Title: BOAR
Name: JONES, MONICA
Address: 1320 WEST 91ST STREET
City-St-Zip: CHICAGO, IL 60620

Title: VICE
Name: LOVE, THIM
Address: 9249 NELSON PARK CIRCLE #108
City-St-Zip: ORLANDO, FL 32817

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: VILVALES DELICES

EXEC

04/14/2010

Electronic Signature of Signing Officer or Director

Date