

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005549

FILED  
Feb 25, 2011  
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

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date