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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09162** (1)

1. Corporation Name

HELP OF FORT MEADE, INC.

Principal Place of Business

**315 N. CHARLESTON AVE.
P. O. BOX 91
FORT MEADE FL 33841**

Mailing Address

**315 N. CHARLESTON AVE.
P. O. BOX 91
FORT MEADE FL 33841**

3. Date Incorporated or Qualified

05/08/1985

4. FEI Number

59-2993886

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FERRIS, BEVERLY
300 SO. WASHINGTON
#57
FORT MEADE FL 33841**

10. Name and Address of New Registered Agent

81 Name
Natasha K. Jackson
82 Street Address (P.O. Box Number is Not Acceptable)
702 S. Orange
83
84 City
Fort Meade **FL** 85 Zip Code
33841

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kay Jackson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**TD
JACKSON, KAY**
STREET ADDRESS
75 E. BROADWAY
CITY-ST-ZIP
FT MEADE FL

TITLE ☐ DELETE

NAME
**P
MCKINNISH, JAMES**
STREET ADDRESS
200 N. OAK
CITY-ST-ZIP
FT MEADE FL

TITLE ☐ DELETE

NAME
**D
HAVERTY, MILTON**
STREET ADDRESS
620 NE 3RD
CITY-ST-ZIP
FT MEADE FL

TITLE ☐ DELETE

NAME
**D
MARSH, JIM**
STREET ADDRESS
406 NE 4TH ST
CITY-ST-ZIP
FT MEADE FL

TITLE ☐ DELETE

NAME
**D
SADDLER, CHARLES**
STREET ADDRESS
501 N. HENRY AVE.
CITY-ST-ZIP
FT MEADE FL

TITLE ☒ DELETE

NAME
**ED
FERRIS, BEVERLY J**
STREET ADDRESS
300 S WASHINGTON
CITY-ST-ZIP
FT MEADE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
**P
Cornelius, P.C.**
1.3 STREET ADDRESS
508 S. Charleston
1.4 CITY-ST-ZIP
Ft Meade

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
**D
McKinnish, James**
2.3 STREET ADDRESS
200 N. Oak
2.4 CITY-ST-ZIP
Ft Meade,

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
**ED
Jackson, Natasha K**
6.3 STREET ADDRESS
702 S. Orange
6.4 CITY-ST-ZIP
Ft Meade

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kay Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-98

Date

941-285-8287

DeVilbiss Phone #

CR2E037 (10/97)