

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09162

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: HELP OF FORT MEADE, INC.

## Current Principal Place of Business:

121 W. BROADWAY  
FORT MEADE, FL 33841

## New Principal Place of Business:

## Current Mailing Address:

121 W. BROADWAY  
FORT MEADE, FL 33841

## New Mailing Address:

FEI Number: 59-2993886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MIZELL, KATHY M  
121 W. BROADWAY  
FORT MEADE, FL 33841      US

## Name and Address of New Registered Agent:

WEST, MARSHA L  
121 W. BROADWAY  
FORT MEADE, FL 33841      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: MARSHA WEST

01/04/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARRELL, MARY ANN  
Address: 5880 MANLEY ROAD  
City-St-Zip: FT MEADE, FL 33841

Title: D ( ) Delete  
Name: GUENTHER, DENNIS  
Address: 10 SW 3RD STREET  
City-St-Zip: FORT MEADE, FL 33841

Title: T ( ) Delete  
Name: BLACKWELDER, RENEE  
Address: 214 WEST BROADWAY  
City-St-Zip: FORT MEADE, FL 33841

Title: D ( ) Delete  
Name: BELL, MELONY  
Address: 412 N LANIER AVE  
City-St-Zip: FORT MEADE, FL 33841

Title: S ( ) Delete  
Name: MCBRIDE, PATSY  
Address: 141 WEST BROADWAY  
City-St-Zip: FT MEADE, FL 33841

Title: ED ( ) Delete  
Name: MIZELL, KATHY M  
Address: 209 N. ORANGE AVENUE  
City-St-Zip: FORT MEADE, FL 33814

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HARRELL, MARY ANN  
Address: 5880 MANLEY ROAD  
City-St-Zip: FT MEADE, FL 33841

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WOODS, MIKE  
Address: PO BOX 856  
City-St-Zip: FORT MEADE, FL 33814

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARSHA L. WEST

ED

01/04/2007

Electronic Signature of Signing Officer or Director

Date