2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09162

Entity Name: HELP OF FORT MEADE, INC.

Current Principal Place of Business:

206 W. BROADWAY FORT MEADE, FL 33841

Current Mailing Address:

206 W. BROADWAY FORT MEADE, FL 33841

FEI Number: 59-2993886 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KIRK, PHYLLIS 206 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: PHYLLIS KIRK 04/30/2013

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2013

Secretary of State

CC8046767059

Officer/Director Detail:

Title D Title VP

NameWOODS, MIKENameBELL, MELONYAddress320 EDGEWOOD DRIVE NORTHAddress412 N LANIER AVE

City-State-Zip: FORT MEADE FL 33841 City-State-Zip: FORT MEADE FL 33841

TitleTREASURERTitlePRESIDENTNameMCBRIDE, PATSYNameKIRK, PHYLLISAddress141 WEST BROADWAYAddressP O BOX 856

City-State-Zip: FT MEADE FL 33841 City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR Title D

Name KENNEDY, DAVID Name GOODWIN, BOBBY

Address P O BOX 2000 Address 213 S CHARLESTON AVE

City-State-Zip: MULBERRY FL 33860 City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR Title DIRECTOR
Name PERRY, PRISCILLA
Address 213 W BROADWAY Address 3200 HWY 17 N

City-State-Zip: FORT MEADE FL 33841 City-State-Zip: FORT MEADE FL 33841

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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: PHYLLIS KIRK PRESIDENT 04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleSECRETARYTitleDIRECTORNameZAKANY, DEBINameRISNER, TRAVISAddress8 N CHARLESTON AVEAddressP O BOX 903

City-State-Zip: FORT MEADE FL 33841 City-State-Zip: FORT MEADE FL 33841