

**2016 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:** No**Name and Address of Current Registered Agent:**WOODS, MIKE  
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:** MIKE WOODS

04/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOODS, MIKE  
Address        455 N BROADWAY  
City-State-Zip: BARTOW FL 33830

Title            DIRECTOR  
Name            BELL, MELONY  
Address        412 N LANIER AVE  
City-State-Zip: FORT MEADE FL 33841

Title            DIRECTOR  
Name            MCBRIDE, PATSY  
Address        141 WEST BROADWAY  
City-State-Zip: FT MEADE FL 33841

Title            DIRECTOR  
Name            KENNEDY, DAVID  
Address        P O BOX 2000  
City-State-Zip: MULBERRY FL 33860

Title            DIRECTOR  
Name            STEDEM, MIKE  
Address        3200 HWY 17 N  
City-State-Zip: FORT MEADE FL 33841

Title            VP  
Name            CORNELIUS, CLINTON  
Address        720 N ORANGE AVE  
City-State-Zip: FOT MEADE FL 33841

Title            DIRECTOR  
Name            BIZERRA, SUE  
Address        115 S OAK AVE  
City-State-Zip: FORT MEADE FL 33841

Title            DIRECTOR  
Name            GRANDMONT, MARGARET  
Address        PO BOX 903  
City-State-Zip: FORT MEADE FL 33841

**Continues on page 2**

*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:** AISHA WRIGHT**EXECUTIVE DIRECTOR**

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER
Name	PARKER, JAMES
Address	PO BOX 856
City-State-Zip:	FORT MEADE FL 33841