

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 012 ****75.00

DOCUMENT # 715665

1. Entity Name
**WORLDS OF HELP IN TIME TO SAVE (WHITTS),
ASSOCIATION, INC.**



Principal Place of Business
**906 E. FLORA STREET
TAMPA, FL 33604-5050**

Mailing Address
**PO BOX 3184
TAMPA, FL 33601-3184**



04292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1621853

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARMON, JAMES A.
906 E. FLORA STREET
TAMPA, FL 33604-5050**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARMON, DOROTHY E 3930 CHERRY ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARMON, WILLIAM A 3930 CHERRY STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HARMON, JAMES A 3930 CHERRY STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOWERS, CYNTHIA J 2527 CHERRY STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARMON, JOHN W., JR. 3930 CHERRY ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Harmon **NIS**
4-30-07 813-239-0608