

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742519

FILED
Feb 02, 2005
Secretary of State

Entity Name: HELPGRO, INC.

Current Principal Place of Business:

2789 ORTIZ AVENUE
FT. MYERS, FL 33905 US

New Principal Place of Business:

2789 ORTIZ AVENUE
FORT MYERS, FL 33905 US

Current Mailing Address:

2789 ORTIZ AVENUE
FT. MYERS, FL 33905 US

New Mailing Address:

2789 ORTIZ AVENUE
FORT MYERS, FL 33905 US

FEI Number: 59-1864747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CARL J
2201 SECOND ST
5TH FLOOR
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

REILLY, JAMES
3026 E. RIVERSIDE DRIVE
FORT MYERS, FL 33901 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: JAMES REILLY

02/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ISAACS, MADELYN
Address: 19501 TREELINE AVE S
City-St-Zip: FT MYERS, FL 33965

Title: S () Delete
Name: CROCKETT, DAVY
Address: PO BOX 2218
City-St-Zip: FT MYERS, FL 33902

Title: BOD () Delete
Name: MAZURKIEWIC, JOSEPH
Address: 3206 SW 7TH PL
City-St-Zip: CAPE CORAL, FL

Title: VC () Delete
Name: REILLY, JAMES
Address: 3026 E RIVERSIDE DR
City-St-Zip: FT MYERS, FL 33901

Title: T (X) Delete
Name: WILLIAMS, BARBARA A
Address: PO BOX 1020
City-St-Zip: FT MYERS, FL 33902

Title: BOD (X) Delete
Name: CABAI, JOAN
Address: 1475 N LARKWOOD SQUARE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: CROCKETT, DAVY MR.
Address: P.O. BOX 2218
City-St-Zip: FORT MYERS, FL 33901 L

Title: S (X) Change () Addition
Name: CABAI, JOAN E MS.
Address: 1475 NORTH LARKWOOD SQUARE
City-St-Zip: FORT MYERS, FL 33919 L

Title: T (X) Change () Addition
Name: SLUSHER, JAMES A ED.D.
Address: P.O. BOX 60210
City-St-Zip: FORT MYERS, FL 33906 L

Title: PC (X) Change () Addition
Name: ISAACS, MADELYN L PH.D.
Address: 10501 FGCU BOULEVARD SOUTH
City-St-Zip: FORT MYERS, FL 33965 L

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES REILLY

C

02/02/2005

Electronic Signature of Signing Officer or Director

Date