

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762134** (5)

1. Corporation Name
HELP CENTER, INC.

Principal Place of Business 743 W. ASHLEY STREET JACKSONVILLE FL 32202	Mailing Address 743 W. ASHLEY STREET JACKSONVILLE FL 32202
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
03/01/1982

4. FEI Number 59-2233316	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FIGGINS, MICHAEL
JACKSONVILLE AREA LEGAL AID
604 N. HOGAN STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, CLIFTON U	1.2 NAME	Spates, Jerome
STREET ADDRESS	12542 MISSION HILLS DR.	1.3 STREET ADDRESS	4227 Lannie Road
CITY - ST - ZIP	JACKSONVILLE FL 32225	1.4 CITY - ST - ZIP	Jacksonville, FL 32218
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAGG, EUGENE	2.2 NAME	FLAGG, EUGENE
STREET ADDRESS	4271 MCDANIEL DRIVE	2.3 STREET ADDRESS	4271 McDaniel Drive
CITY - ST - ZIP	JACKSONVILLE FL 32209	2.4 CITY - ST - ZIP	Jacksonville, FL 32209
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	VCD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPATES, JEROME	3.2 NAME	COLEMAN, CLIFTON U.
STREET ADDRESS	4227 LANNIE ROAD	3.3 STREET ADDRESS	12542 Mission Hills Dr.
CITY - ST - ZIP	JACKSONVILLE FL 32218	3.4 CITY - ST - ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-6-98 (904) 633-9383

CR2E037 (10/97)