

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762134**

1. Entity Name  
**HELP CENTER, INC.**



Principal Place of Business  
**511 WEST 11TH STREET  
JACKSONVILLE, FL 32206**

Mailing Address  
**511 WEST 11TH STREET  
JACKSONVILLE, FL 32206**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2233316**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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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, 2004

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  
**VCD  
COLEMAN, CLIFTON U  
12542 MISSION HILLS DR.  
JACKSONVILLE, FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
FLAGG, EUGENE  
4271 MCDANIEL DRIVE  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
SPATES, JEROME  
4227 LANNIE ROAD  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000000853  
01/09/04-80015-013 61.25

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IN THIS SPACE**

12. 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 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 #