
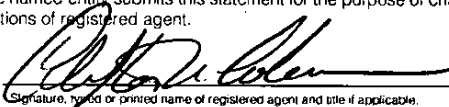



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90004 028 \*\*\*\*61.25

<b>DOCUMENT # 762134</b> 1. Entity Name <b>HELP CENTER, INC.</b>					
Principal Place of Business <b>511 WEST 11TH STREET JACKSONVILLE, FL 32206</b>			Mailing Address <b>511 WEST 11TH STREET JACKSONVILLE, FL 32206</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2233316</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FIGGINS, MICHAEL JACKSONVILLE AREA LEGAL AID 604 N. HOGAN STREET JACKSONVILLE, FL 32202</b>				Name <b>Michael Figgins</b> Street Address (P.O. Box Number is Not Acceptable) <b>126 West Adams Street</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1-13-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, CLIFTON U		NAME		
STREET ADDRESS	12542 MISSION HILLS DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAGG, EUGENE		NAME	SD Curtis Parker	
STREET ADDRESS	4271 MCDANIEL DRIVE		STREET ADDRESS	12661 Murifield Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPATES, JEROME		NAME	Jerome Spates	
STREET ADDRESS	4227 LANNIE ROAD		STREET ADDRESS	511 W. 11th Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, I am empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1-13-05</b> DAYTIME PHONE <b>9046339383</b>		

50003504



01112005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	COLEMAN, CLIFTON U	
STREET ADDRESS	12542 MISSION HILLS DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLAGG, EUGENE	
STREET ADDRESS	4271 MCDANIEL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SPATES, JEROME	
STREET ADDRESS	4227 LANNIE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD Curtis Parker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12661 Murifield Blvd.	
STREET ADDRESS	Jacksonville, FL 32225	
CITY-ST-ZIP		
TITLE	Jerome Spates	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 W. 11th Street	
STREET ADDRESS	Jacksonville, FL 32206	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #