

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762134

FILED
Jul 09, 2009
Secretary of State

Entity Name: HELP CENTER, INC.

Current Principal Place of Business:

511 WEST 11TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

511 WEST 11TH STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-2233316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FIGGINS, MICHAEL
126 WEST ADAMS STREET
JACKSONVILLE, FL 32202 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: COLEMAN, CLIFTON U
Address: 12542 MISSION HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: PARKER, CURTIS
Address: 12661 MURIFIELD BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: CD () Delete
Name: SPATES, JEROME
Address: 511 W 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCD (X) Change () Addition
Name: LITTLETON, SAUNDRA J
Address: 11150 ARISTIDES WAY
City-St-Zip: JACKSONVILLE, FL 32218 62

Title: SD (X) Change () Addition
Name: LEVIN, DEXTER
Address: 10111 GATE PARKWAY, UNIT 1813
City-St-Zip: JACKSONVILLE, FL 32246

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAUNDRA J. LITTLETON

MRS

07/09/2009

Electronic Signature of Signing Officer or Director

Date