

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762134

**FILED**  
**Feb 15, 2011**  
**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 (X)**

**Name and Address of Current Registered Agent:**

FIGGINS, MICHAEL  
126 WEST ADAMS STREET  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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  
Name: LITTLETON, SAUNDRA J  
Address: 11150 ARISTIDES WAY  
City-St-Zip: JACKSONVILLE, FL 32218 62

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAUNDRA LITTLETON

ED

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date