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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Madsen  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:17

DOCUMENT # 762440 (6)  
1. Corporation Name  
HELP UNFORTUNATE GIRLS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
6754 S CARTER RD.  
C/O GOLDIE RUNYON  
LAKELAND FL 33813  
6754 S CARTER RD.  
C/O GOLDIE RUNYON  
LAKELAND FL 33813

3. Date Incorporated or Qualified 03/16/1982  
3a. Date of Last Report 02/04/1994  
4. FEI Number 59-2222516  
Applied For Not Applicable  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30  
24 25 29 30

9. Name and Address of Current Registered Agent  
RUNYON, GOLDIE  
6750 S. CARTER ROAD  
LAKELAND FL 33813

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (applicant) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME RUNYON, GOLDIE  
STREET ADDRESS 6750 S. CARTER ROAD  
CITY-ST-ZIP LAKELAND FL  
TITLE SD  
NAME REDD, ALICE FAYE  
STREET ADDRESS RT 1, BOX 506  
CITY-ST-ZIP AUBURNDALE FL  
TITLE TD  
NAME JOHNSON, ALINE  
STREET ADDRESS 130 LAKE BONNY DR., E.  
CITY-ST-ZIP LAKELAND FL  
TITLE V  
NAME JOHNSON, FOY J  
STREET ADDRESS 130 LAKE BONNY DR. E.  
CITY-ST-ZIP LAKELAND FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME SD  
2.3 STREET ADDRESS Judy Dobbs  
2.4 CITY-ST-ZIP 1840 Gib-Galloway Lakeland, FL 33809  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME V  
5.3 STREET ADDRESS Blackburn, Wayne  
5.4 CITY-ST-ZIP 2209 Malachite Drive  
Lakeland, FL 33809  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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: Goldie Runyon Goldie Runyon  
Signature and typed or printed name of officer or director 2/20/95 (813) 647-1944