

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **762440** (6)

1. Corporation Name

**HELP UNFORTUNATE GIRLS, INC.**



Principal Place of Business

Mailing Address

6754 S CARTER RD.  
~~c/o GOLDIE RUNYON~~ **c/o Dr. J. Foy Johnson**  
LAKELAND FL 33813

6754 S CARTER RD.  
~~c/o GOLDIE RUNYON~~ **Dr. J. Foy Johnson**  
LAKELAND FL 33813

3. Date Incorporated or Qualified  
**03/16/1982**

3a. Date of Last Report  
**02/28/1995**

2. Principal Place of Business  
21 **6754 S. Carter Rd**

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 **Same**

22 **c/o Dr. J. Foy Johnson**  
City & State  
23 **Lakeland, FL**

City & State

28

24 Zip **33813** 25 Country

29 Zip Country 30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUNYON, GOLDIE**  
**6750 S. CARTER ROAD**  
**LAKELAND FL 33813**

81 Name **Dr. J. FOY JOHNSON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**130 E. LAKE BONNY DR.,**

83

84 City **LAKELAND**

FL

85 Zip Code  
**33801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**Dr. J. Foy Johnson**

(NOTE: Registered Agent signature required when reinstating)

**1/31/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUNYON, GOLDIE	
STREET ADDRESS	6750 S. CARTER ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOBBS, JUDY	
STREET ADDRESS	1840 GIB-GALLOWAY	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ALINE	
STREET ADDRESS	130 LAKE BONNY DR., E.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, FOY J	
STREET ADDRESS	130 LAKE BONNY DR. E.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACKBURN, WAYNE	
STREET ADDRESS	2209 MALACHITE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, FOY J	
1.3 STREET ADDRESS	130 Lake Bonny Dr. E.	
1.4 CITY-ST-ZIP	Lakeland, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Dr. J. Foy Johnson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/96**

Date

Daytime Phone #

CR2E037 (12/95)