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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

% DR. J/ FOY JOHNSON
6754 SOUTH CARTER ROAD
LAKELAND FL 33813
US% DR. J. FOY JOHNSON
6754 SOUTH CARTER ROAD
LAKELAND FL 33813-3614
US

3. Date Incorporated or Qualified

03/16/1982

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, DR J FOY
130 EAST LAKE BONNY DRIVE
LAKELAND FL 33801

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 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHNSON, FOY J
STREET ADDRESS 130 LAKE BONNY DRIVE
CITY-ST-ZIP LAKELAND FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE SD
NAME DOBBS, JUDY
STREET ADDRESS 1840 GIB-GALLOWAY
CITY-ST-ZIP LAKELAND FL
☒ DELETE2.1 TITLE S/D
2.2 NAME Howell, Kaye
2.3 STREET ADDRESS 1103 South Sugartree Land
2.4 CITY-ST-ZIP Lakeland, FL 33813
☒ Change ☐ AdditionTITLE TD
NAME JOHNSON, ALINE
STREET ADDRESS 130 LAKE BONNY DR.,E.
CITY-ST-ZIP LAKELAND FL
☒ DELETE3.1 TITLE T/D
3.2 NAME Roberson, Chester
3.3 STREET ADDRESS 545 Jamestown Avenue
3.4 CITY-ST-ZIP Lakeland, FL 33813
☒ Change ☐ AdditionTITLE V
NAME BLACKBURN, WAYNE
STREET ADDRESS 2209 MALACHITE DR
CITY-ST-ZIP LAKELAND FL
☒ DELETE4.1 TITLE V/D
4.2 NAME Rakes, Elwood L.
4.3 STREET ADDRESS 2408 Roslyn Lane
4.4 CITY-ST-ZIP Lakeland, FL 33813
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE ED
5.2 NAME Brown, D' Ann
5.3 STREET ADDRESS 6754 S. Carter Road
5.4 CITY-ST-ZIP Lakeland, FL 33813
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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:

J. Foy Johnson

J. Foy Johnson 1-8-97 941 647-1944

Date

Daytime Phone # 0053161

CR2E037 (9/96)