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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90093 046 \*\*\*\*70.00

0057198

DOCUMENT # 762440

1. Corporation Name

HELP UNFORTUNATE GIRLS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

03/16/1982

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

9. Name and Address of Current Registered Agent

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

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 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

TITLE PD ☐ DELETE

NAME JOHNSON, FOY J  
STREET ADDRESS 130 LAKE BONNY DRIVE  
CITY-ST-ZIP LAKELAND FL 33013

TITLE SD ☐ DELETE

NAME MEADOWS, RITA  
STREET ADDRESS 1503 MARINER RD  
CITY-ST-ZIP LAKELAND FL 32803

TITLE TD ☐ DELETE

NAME JOHNSON, JOHN  
STREET ADDRESS 3837 BENT TREE LOOP E  
CITY-ST-ZIP LAKELAND FL 33813

TITLE VD ☒ DELETE

NAME RAKES, ELWOOD L.  
STREET ADDRESS 2408 ROSLYN LANE  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ED ☐ DELETE

NAME BROWN, D'ANN  
STREET ADDRESS 6754 S. CARTER ROAD  
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 3, 1999

Date

941-647-1944

Daytime Phone #

CR2E037 (11/98)