

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766731

FILED
Jan 06, 2009
Secretary of State

Entity Name: HELP NOW OF OSCEOLA, INC.

Current Principal Place of Business:

P.O. BOX 420370
KISSIMMEE, FL 347420370

New Principal Place of Business:

821 EMMETT STREET
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 420370
KISSIMMEE, FL 347420370

New Mailing Address:

FEI Number: 59-2283508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLASS, TAMMY
1105 ROSLAND DRIVE
KISSIMMEE, FL 34741 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: P () Delete
Name: VAN METER, JEANNE
Address: 22 NORTH MONUMENT AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: TAYLOR, SHIRLEY
Address: 144 SAN BLASS AVENUE
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: BOYD, ORINE
Address: 20 S ROSE AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: GOAD, SHERRY
Address: 2309 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: DOUGLAS, TAMMY
Address: 821 EMMETT STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LIZASUAIN, TWIS
Address: 2601 E. IRLO BRONSON MEMORAIL HWY
City-St-Zip: KISSIMMEE, FL 34744

Title: S (X) Change () Addition
Name: DERRICK, NANCY
Address: 15920 COUNTY ROAD 455
City-St-Zip: KMONTVERDE, FL 34756

Title: T (X) Change () Addition
Name: SMITH, GARY
Address: 1000 WEST OSCEOLA PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TAMMY DOUGLASS

EX D

01/06/2009

Electronic Signature of Signing Officer or Director

Date