

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768234

FILED
Apr 27, 2006
Secretary of State

Entity Name: HELP BECOMES HOPE, INC.

Current Principal Place of Business:

5200 EAST AVENUE
WEST PALM BEACH, FL 334072374

New Principal Place of Business:

Current Mailing Address:

5200 EAST AVENUE
WEST PALM BEACH, FL 334072374

New Mailing Address:

FEI Number: 59-2347305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, TERRY H
HANLEY CENTER, INC
5200 EAST AVENUE
WEST PALM BEACH, FL 33407 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: D () Delete
Name: MESSING, GILBERT
Address: 632 FERN ST.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: CARP, MICHAEL T.,
Address: 1495 FOREST HILL BLVD, SUITE A
City-St-Zip: W PALM BCH, FL 33406

Title: D () Delete
Name: HANLEY, MARY JANE,
Address: 600 ST ANNE'S LN
City-St-Zip: VERO BCH, FL 32967

Title: D () Delete
Name: HANLEY, JOHN W SR
Address: 600 ST ANNE'S LN
City-St-Zip: VERO BCH, FL 32967

Title: SD () Delete
Name: MYERS, JAMES JR
Address: 1249 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: CD () Delete
Name: HANLEY, MICHAEL J
Address: 1201 PEACHTREE ST, NE, STE 2200
City-St-Zip: ATLANTA, GA 30361

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MESSING, GILBERT
Address: 632 FERN ST.
City-St-Zip: WEST PALM BEACH, FL 33401

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

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

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

Title: CD (X) Change () Addition
Name: MYERS, JAMES JR
Address: 1249 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY LEHMAN

VP

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date