

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000001616**

1. Entity Name

PERPETUAL HELP FOUNDATION, INCORPORATED

Principal Place of Business

67 N BOUNTY LN
KEY LARGO FL 33037
US

Mailing Address

67 N BOUNTY LN
KEY LARGO FL 33037
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-1574756

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK ESQ
J. PATRICK FITZGERALD
110 MERRICK WAY #3-B
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HUMMEL, PHYLLIS
67 N BOUNTY LN
KEY LARGO FL 33037 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KARLIK, JOSEPH
2323 FAWNWOOD LN
SPRING TX 77386 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KARLIK, JANIS
2323 FAWNWOOD LN
SPRING TX 77386 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis J. Hummel* 3/11/02 305-8524530**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90080 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)