


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000001616</b> 1. Entity Name <b>PERPETUAL HELP FOUNDATION, INCORPORATED</b>					
Principal Place of Business <b>67 N BOUNTY LN KEY LARGO FL 33037 US</b>		Mailing Address <b>67 N BOUNTY LN KEY LARGO FL 33037 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>54-1574756</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FITZGERALD, J. PATRICK ESQ J. PATRICK FITZGERALD 110 MERRICK WAY #3-B CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUMMEL, PHYLLIS 67 N BOUNTY LN KEY LARGO FL 33037			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000295175 02/18/05-80051-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARLIK, JOSEPH 2323 FAWNWOOD LN SPRING TX 77386			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARLIK, JANIS 2323 FAWNWOOD LN SPRING TX 77386			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE 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)(f), 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.					
<b>SIGNATURE: Phyllis H. Hummel Phyllis H HUMMEL 2/16/05 852-4630</b>					