**FILED** 

NONPROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			Aug 17 1998 8:00am Secretary of State	
DOCUMENT # F9700001658 (0) 1. Corporation Name UNITED HOMELESS BROTHERHOOD OF HELPING HANDS INC							
Principal Plac	ce of Business	Mailing Add					
2020 E. MADISÓN ST. LARE-CITY FL 32055		2020 E. MAI LARE CITY	2020 E. MADISON ST. DO C LAKE SITUFL 32055 Lake			Date Incorporated or Qualified     04/01/1997	
					2056	4. FEI Number Applied For Not Applied For Not Applied For	
21 106		WYSON 26 P. O	Box	1579	<u> </u>	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt.	·	27	pt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Sta	- City FL	28 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 21		σų	7. Is this nonprofit corporation a homeowners association?  Yes  No	
24 320		A 29 3 6 0	58	Country 30 TUS	: <u>A</u> :	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent  FORKS, LARRY H 2020 E. MADISON ST. LAKE CITY FL 32055					82 Street Address (P.O.Box Number is Not Acceptable)		
84 City 1' & Ke Ci-						A Re City FL 85 Zip Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named concerning 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 algorithms required when relinstating)  DATE: 10 98							
12.	ICVS OFF	FICERS AND DIRECTORS	7	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	FORKS, LARRY H	L	DELETE	1.2 NAME	1	Resident Change Addition of	
	LAKE CITY FL 32055			1.3 STREET AC 1.4 CITY-ST-ZO		Ob EW Jefferson LAKECIHI 32055	
TITLE NAME	CP C <b>O</b> LLIER, WANDA B		DELETE	2.1 TITLE 2.2 NAME	1 '	Vice President \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	2020 E. MADISON ST. LAKE CITY FL 32055			2.3 STREET AD		WANDA COLLAY RT3 BOX 146-12 LAKECIMFL	
TITLE	D PEACOCK, ERNEST	5	DELETE	2.4 CITY-ST-ZI	-	Change Addition	
STREET ADDRESS	2020 E. MADISON ST.			3.2 NAME 3.3 STREET AD	DDRESS	Michel Burgess 32066	
CITY-ST-ZIP TITLE	LAKE CITY FL 32055	<u>_</u>	DELETE	3.4 CITY-ST-ZI	1 <u>P</u> 1 <u>C</u>	Obe West Jethorsh, LARCITY FL Change Addition	
NAME STREET ADDRESS		_	und	4.2 NAME	nnocce		
CITY-ST-ZIP				4.4 CITY-ST-ZI			
TITLE NAME			DELETE	5.1 TITLE 5.2 NAME		Chapte Addition	
STREET ADDRESS CITY-ST-ZIP				5.3 STREET AD	1	4/8/1	
TITLE			DELETE	5.4 CITY-ST-ZI 6.1 TITLE	-	Change Addition	
NAME STREET ADDRESS				6.2 NAME 6.3 STREET AD	DORESS	100002620381 -08/20/9801003012	
CITY-ST-ZIP	erlify that the information s	applied with this filing does no	ot qualify for t	6.4 CITY-ST-Zi	tated in co.	###61.25	
Indicated on this annual report or supplemental annual report is true-day in the find 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.							
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTOR  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTOR  SIGNATURE:  SI							

D NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).