

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).

FILED

Aug 17 1998 8:00am
Secretary of State

000052

NONPROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001658 (0)

1. Corporation Name

UNITED HOMELESS BROTHERHOOD OF HELPING HANDS INC



Principal Place of Business

Mailing Address

2020 E. MADISON ST.
LAKE CITY FL 32055

2020 E. MADISON ST.
LAKE CITY FL 32055

P O Box 1572
Lake City, Florida
32056

2. Principal Place of Business

2a. Mailing Address

21 1065 West Jefferson
Suite, Apt. #, etc.

26 P O Box 1572
Suite, Apt. #, etc.

City & State

City & State

23 LAKE CITY FL

28 LAKE CITY FL

Zip

Country

Zip

Country

24 32055

25 USA

29 32055

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number

95-4498719

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

LARRY H FORKS

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

1065 West Jefferson

83

84 City

LAKE CITY

FL

85 Zip Code

32055

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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