

2001 UNIFORM BUSINESS REPORT (UBR)

0001176

DOCUMENT # N00000000123

1. Entity Name

GOD'S HELP, INC.

Principal Place of Business

P.O. BOX 1355
CARRABELLE FL 32322

Mailing Address

P.O. BOX 1355
CARRABELLE FL 32322

FILED

01 APR 23 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11150 MAHAN DRIVE

3. Mailing Address

11150 MAHAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FLORIDA

City & State

TALLAHASSEE FLORIDA

Zip

32308

Country

LEON

Zip

32308

Country

LEON

4. FEI Number

59-3697360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, JOHN W
11150 MAHAN DR.
TALLAHASSEE FL FL323-08

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 \$61.25

9. 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 D P ☐ Delete
NAME John W HARRELL
STREET ADDRESS 11150 MAHAN
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D VP ☐ Delete
NAME WINSTON HARRELL
STREET ADDRESS 4914 Church Hill PL
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE D S/T ☐ Delete
NAME ANNA ESTES
STREET ADDRESS 11150 MAHAN
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600004163796--2
CITY-ST-ZIP -05/09/01--01004--006

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****61.25 *****61.35
CITY-ST-ZIP

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: SIGNATURE REQUIRED PRESIDENT

4-23-2001 850-510-4854

CR2E037 (10/00)