2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00000000688

Entity Name: HELPING THE COMMUNITY, INC.

Current Principal Place of Business:

8405 N HIMES AVE
209
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 152501
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3678359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGNACIO, AYALA
410E HARRISON STREET
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEDINA, DAISY
Address: 3901 67TH AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP ( ) Delete
Name: MEDINA, ENEIDA I
Address: 4984 SW 158TH WAY
City-St-Zip: MIRAMAR, FL 33027

Title: TT ( ) Delete
Name: MEDINA, DAISY
Address: 3901 67TH AVE N.
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAISY MEDINA P 04/30/2009

Electronic Signature of Signing Officer or Director — Date