

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004300

FILED
Apr 30, 2009
Secretary of State

Entity Name: HELP FOR THE HURTING, INC.

Current Principal Place of Business:

3349 N UNIVERSITY DRIVE
4
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

POBOX350095
FT LAUDERDALE, FL 33335

New Mailing Address:

FEI Number: 65-1022561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMAD, MALIK DR.
2000 NORTH 36 AVE
HOLLYWOOD, FL 33021 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: AHMAD, MALIK DR.
Address: 2000 NORTH 36 AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: TCHIVIDJIAN, ANGHEL
Address: 600 N BIRCH ROAD #403
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: POWELL, PAMELA
Address: 340 SW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 333152118

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: MALIK AHMAD

DIRE

04/30/2009

Electronic Signature of Signing Officer or Director

Date