

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006789**

1. Entity Name  
**HELP AND HOPE MINISTRIES, INC.**



Principal Place of Business

**P.O. BOX 101  
CALLAHAN, FL 32011**

Mailing Address

**P.O. BOX 101  
CALLAHAN, FL 32011**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3677179**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000581467  
01/10/07-80089-011 61 25**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MASON, NATHAN Y
STREET ADDRESS	P.O. BOX 101
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	D
NAME	MASON, NATHAN Y JR.
STREET ADDRESS	3738 BUNNELL DR
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	MASON, PAULA M
STREET ADDRESS	6231 RIVIERA MANOR DR
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

**NATHAN Y. MASON**

**Nathan Y. Mason "P"**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 7<sup>th</sup> 2007**  
Date

**879-5523**  
Daytime Phone #