

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000007389

1. Entity Name  
THE GYPSY HELP FOUNDATION, INC.



Principal Place of Business  
493 SALLY STREET  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
493 SALLY STREET  
GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

MCFARLAND, MARSHA D  
493 SALLY STREET  
GREEN COVE SPRINGS, FL 32043

**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: Marsha D. McFarland, President

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

(NOTE: Registered Agent signature required when reinstating)

3/18/04

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000092884  
03/19/04-80026-023 70.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MCFARLAND, MARSHA D  
STREET ADDRESS 493 SALLY STREET  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE VD  
NAME UNGER-BROWN, M D  
STREET ADDRESS POST OFFICE BOX 1221  
CITY-ST-ZIP EULESS, TX 76038

TITLE SD  
NAME CLAYTON, MARA  
STREET ADDRESS 51 FEATHER LANE  
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE TD  
NAME PAYNE, KRISTIAN  
STREET ADDRESS 500 PARSLEY LANE  
CITY-ST-ZIP EULESS, TX 76039

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 it 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: Marsha D. McFarland Marsha D. McFarland 3/18/04 904-529-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #