

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01447 (4)
1. Corporation Name
THE HELPS MINISTRY, INC.



Principal Place of Business
**4610 LIPSCOMB ST. NE.
#4
PALM BAY FL 32905
US**

Mailing Address
**813 TEJON AVE. SW.
PALM BAY FL 32908
US**

3. Date Incorporated or Qualified
02/15/1984

3a. Date of Last Report
11/20/1995

4. FEI Number
59-2645606

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**PETRALIA, JUDITH
813 TEJON AVE. SW.
PALM BAY FL 32908**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

FD ☐ DELETE
NAME: **PETRALIA PAUL**
STREET ADDRESS: **813 TEJON AVE. S.W.**
CITY - ST - ZIP: **PALM BAY FL 32908**

VSD ☐ DELETE
NAME: **PETRALIA JUDITH**
STREET ADDRESS: **813 TEJON AVE. S.W.**
CITY - ST - ZIP: **PALM BAY FL 32908**

TD ☐ DELETE
NAME: **RADOMSKI-PETRALIA ROSE**
STREET ADDRESS: **813 TEJON AVE. S.W.**
CITY - ST - ZIP: **PALM BAY FL 32908**

☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judith Petralia **Judith Petralia** 1-21-96

CR2E037 (12/95)