

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 06 1997 8:00am
Secretary of State

DOCUMENT # **N01447** (4)

1. Corporation Name

THE HELPS MINISTRY, INC.



Principal Place of Business

Mailing Address

**4610 LIPSCOMB ST. NE.
#4
PALM BAY FL 32905
US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/15/1984** 3a. Date of Last Report **02/08/1996**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **4680 Lipscomb St NE** 26 **813 Tejon Ave SW**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite # 4** 27 **Suite 4**
City & State City & State
23 **Palm Bay FL** 28 **Palm Bay FL**
Zip Country Zip Country
24 **32905** 25 **USA** 29 **32905** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRALIA PAUL	1.2 NAME	
STREET ADDRESS	813 TEJON AVE. S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32908	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRALIA JUDITH	2.2 NAME	
STREET ADDRESS	813 TEJON AVE. S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32908	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADOMSKI-PETRALIA ROSE	3.2 NAME	
STREET ADDRESS	813 TEJON AVE. S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32908	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED *J. Petralia* **7/2/97** **7225**

CR2E037 (4/97)