

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Feb 13, 2008 08:00 AM  
Secretary of State

DOCUMENT # N02000005325

1. Entity Name  
HELP YOUR NEIGHBOR, INC.



Principal Place of Business

4524 CURRY FORD RD.  
SUITE 210  
ORLANDO, FL 32812

Mailing Address

4524 CURRY FORD RD.  
SUITE 210  
ORLANDO, FL 32812



01292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1218277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, LUANNE  
636 22ND ST  
ORLANDO, FL 32805

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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)

U000000826956

02/21/08-80069-020 8.75

Filing Fee \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000826956

02/21/08-80069-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ANDERSON, LUANNE  
STREET ADDRESS 636 22ND ST  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE TD  
NAME MILLER, DONALD  
STREET ADDRESS 636 22ND ST  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE SD  
NAME MOON, DEBORAH  
STREET ADDRESS 636 22ND ST  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D  
NAME TAYLOR, DAVID  
STREET ADDRESS 636 22ND ST  
CITY-ST-ZIP ORLANDO, FL 32805

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/08 (407) 839-5507

Date

Daytime Phone #