

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006502

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** KEEPING IT REAL HELP! MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

2411 N 98TH  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

1919 NW 10TH ST  
#24  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:** 56-2284281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRAZELL, MARIA T  
101 LEELON ROAD  
LAKELAND, FL 33809 US

**Name and Address of New Registered Agent:**

BRAZELL, MARIA T  
6150 NE 72ND CIRCLE W#16  
OKEECHOBEE, FL 34974 US

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.

SIGNATURE: MARIA BRAZELL

09/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRAZELL, MARIA  
Address: 101 LEELON ROAD  
City-St-Zip: LAKELAND, FL 33809

Title: CEO ( ) Delete  
Name: LLOYD, ERIC APOSTLE  
Address: 105 LEELON RD  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: SIMMS, JUANITA D  
Address: 387 EAST FRANKLIN STREET  
City-St-Zip: OVIEDO, FL 32762

Title: D ( ) Delete  
Name: ROLLE, MICHELLE  
Address: 107 LEELON RD  
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete  
Name: MASON, SHARON  
Address: 1919 NW 10TH ST APT 24  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: WILLIAMS, THOMAS REV  
Address: 2000 WHITE SAND DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRAZELL, MARIA  
Address: 6150 NE 72ND CIRCLE W  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA BRAZELL

P

09/05/2007

Electronic Signature of Signing Officer or Director

Date