

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007625

FILED
Apr 21, 2009
Secretary of State

Entity Name: H.E.L.P. O.U.T. INC.

Current Principal Place of Business:

169 BURGER ST.
MANCHESTER, TN 37355

New Principal Place of Business:

Current Mailing Address:

169 BURGER ST.
MANCHESTER, TN 37355

New Mailing Address:

FEI Number: 55-0812962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERRELL, BILLY D
169 BURGER ST
MANCHESTER, FL 37355 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TERRELL, BILLY D
Address: 169 BURGER ST
City-St-Zip: MANCHESTER, TN 37355

Title: VD () Delete
Name: TERRELL, SHERRIE L
Address: 169 BURGER ST
City-St-Zip: MANCHESTER, TN 37355

Title: D () Delete
Name: BURDESHAW, JOHN E
Address: 301 S.W. 21ST ST.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: WATFORD, DOWLING
Address: 701 N.E. 51ST ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: DAWSON, JAMES R
Address: PO BOX 3145
City-St-Zip: OKEECHOBEE, FL 34973

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BILLY D. TERRELL

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date