

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2004 8:00 am
Secretary of State

06-18-2004 90002 013 ****70.00

DOCUMENT # N03000003834

1. Entity Name

OPERATION HELP COMMUNITY FOUNDATION, INC.



Principal Place of Business

205 S.W. AVE B UNIT #3
BELLE GLADE FL 33430

Mailing Address

205 S.W. AVE B UNIT #3
BELLE GLADE FL 33430

66429703



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 90-0081147

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDEMIDIONG, PRINCE S
340 S.W 2ND DR
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	EDEMIDIONG, PRINCE S	
STREET ADDRESS	340 SW 2ND DR	
CITY- ST- ZIP	BELLE GLADE FL 33430	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EDEMIDIONG, NATALYL S	
STREET ADDRESS	340 SW 2ND DR	
CITY- ST- ZIP	BELLE GLADE FL 33430	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CONSTABLE, REBECA	
STREET ADDRESS	1028 MISSISSIPPI AVE	
CITY- ST- ZIP	CLEWISTON FL 33444	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EDEMIDIONG, ABIGAIL	
STREET ADDRESS	205 SW AVE B UNIT #3	
CITY- ST- ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDEMIDIONG, KINGSLEY S	
STREET ADDRESS	205 SW AVE B UNIT #3	
CITY- ST- ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I 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 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: *Prince S. Edemidiong* 6/10/04 561-992-3176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

90-0081147(FEI)

66429703



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

June 21, 2004

OPERATION HELP COMMUNITY FOUNDATION, INC.
205 S.W. AVE B UNIT #3
BELLE GLADE, FL 33430

Subject: OPERATION HELP COMMUNITY FOUNDATION, INC.

Reference Number:

N03000003834

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS

ANNUAL REPORTS SECTION

Sir, The FEI has been provided as requested I am sorry for the oversight on this subject matter.

Please note that check #1006 had been cashed by your office and the bank had confirmed

So. Thanks.

[Signature]