

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

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



04282005 No Chg-NP

CR2E037 (10/03)

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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

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IN THIS SPACE**

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: PRINCE S. EDEMIDIONG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2005

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

1000000360826
05/05/05-80052-001 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
EDEMIDIONG, PRINCE S
340 SW 2ND DR
BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
EDEMIDIONG, NATALYL S
340 SW 2ND DR
BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CONSTABLE, REBECA
1026 MISSISSIPPI AVE
CLEWISTON, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
EDEMIDIONG, ABIGAIL
205 SW AVE B UNIT #3
BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDEMIDIONG, KINGSLEY S
205 SW AVE B UNIT #3
BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

4/25/2005