

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005346

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: NATIVES HELPING NATIVES, INC.

## Current Principal Place of Business:

12260 SE DIXIE HIGHWAY  
HOBE SOUND, FL 33455

## New Principal Place of Business:

11910 SE FEDERAL HWY  
HOBE SOUND, FL 33455

## Current Mailing Address:

12260 SE DIXIE HIGHWAY  
HOBE SOUND, FL 33455

## New Mailing Address:

PO BOX 301  
HOBE SOUND, FL 33475

FEI Number: 55-0847920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENKINS, SUSAN A  
12260 SE DIXIE HIGHWAY  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

FOLEY, CYNTHIA A  
11910 SE FEDERAL HWY  
HOBE SOUND, FL 33455 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: CYNTHIA A. FOLEY

04/26/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARFINE, MICHAEL  
Address: 12260 SE DIXIE HIGHWAY  
City-St-Zip: HOBE SOUND, FL 33455

Title: DVP ( ) Delete  
Name: MARTIN, PATRICK  
Address: 9455 SE ATHENA STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: D/T ( ) Delete  
Name: JENKINS, SUSAN A  
Address: 12260 SE DIXIE HIGHWAY  
City-St-Zip: HOBE SOUND, FL 33455

Title: D/P ( ) Delete  
Name: MACARTHUR, HARRY  
Address: 12030 PLUTUS AVE.  
City-St-Zip: HOBE SOUND, FL 33455

Title: D/S ( ) Delete  
Name: DRENNAN-SMITH, PATRICE  
Address: 8394 SE LAGOON DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CARFINE, MICHAEL  
Address: PO BOX 301  
City-St-Zip: HOBE SOUND, FL 33455

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

Title: D/T (X) Change ( ) Addition  
Name: FOLEY, CYNTHIA A  
Address: 9283 SE SATURN STREET  
City-St-Zip: HOBE SOUND, FL 33455

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 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: CYNTHIA FOLEY

T

04/26/2006

Electronic Signature of Signing Officer or Director

Date