


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000005346 1. Entity Name NATIVES HELPING NATIVES, INC.	
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Principal Place of Business 11910 SE FEDERAL HWY HOBE SOUND, FL 33455	Mailing Address PO BOX 301 HOBE SOUND, FL 33475
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0847920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOLEY, CYNTHIA A 11910 SE FEDERAL HWY HOBE SOUND, FL 33455
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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 <u><i>Cynthia Foley</i></u> 1/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARFINE, MICHAEL PO BOX 301 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARTIN, PATRICK 9455 SE ATHENA STREET HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T FOLEY, CYNTHIA A 9283 SE SATURN STREET HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MACARTHUR, HARRY 12030 PLUTUS AVE. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S DRENNAN-SMITH, PATRICE 8394 SE LAGOON DRIVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKIN, JEANNE 8395 S.E. PALM ST HOBE SOUND, FL 33455

<p>U0000008000008 01/30/08-80091-022 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Cynthia Foley, Treasurer</i></u> 1/24/07 772-486-6156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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