

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005346

FILED
Mar 06, 2009
Secretary of State

Entity Name: NATIVES HELPING NATIVES, INC.

Current Principal Place of Business:

11910 SE FEDERAL HWY
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

PO BOX 301
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 55-0847920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, CYNTHIA A
11910 SE FEDERAL HWY
HOBE SOUND, FL 33455 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: D () Delete
Name: CARFINE, MICHAEL
Address: PO BOX 301
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: FOLEY, CYNTHIA A
Address: 9283 SE SATURN STREET
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

Title: D () Delete
Name: MACKIN, JEANNE
Address: 8395 S.E. PALM ST
City-St-Zip: HOBE SOUND, FL 33455

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: D/P (X) Change () Addition
Name: MACARTHUR, J. HARRY
Address: 12030 PLUTUS AVE.
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 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

D/T

03/06/2009

Electronic Signature of Signing Officer or Director

Date