

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005765

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: LEGAL MINISTRY H.E.L.P., INC.

**Current Principal Place of Business:**

1118 N. PARSONS AVENUE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

1118 N. PARSONS AVENUE  
BRANDON, FL 33510

**New Mailing Address:**

FEI Number: 20-2798941      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OJEDA, SUSAN L  
1118 N. PARSONS AVENUE  
BRANDON, FL 33510    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: PSD      ( ) Delete  
Name: OJEDA, SUSAN L ESQ.  
Address: 1118 N. PARSONS AVENUE  
City-St-Zip: BRANDON, FL 33510

Title: VTD      ( ) Delete  
Name: OJEDA, REINALDO ESQ.  
Address: 1118 N. PARSONS AVENUE  
City-St-Zip: BRANDON, FL 33510

Title: D      ( ) Delete  
Name: GIBBS, DAVID C III,ESQ  
Address: 1118 N. PARSONS AVENUE  
City-St-Zip: BRANDON, FL 33510

Title: D      ( ) Delete  
Name: REYNOLDS, GENE DR.  
Address: 1118 N. PARSONS AVENUE  
City-St-Zip: BRANDON, FL 33510

Title: D      ( ) Delete  
Name: PERRY, ANTHONY PASTOR  
Address: 1118 N. PARSONS AVENUE  
City-St-Zip: BRANDON, FL 33510

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VTD      (X) Change ( ) Addition  
Name: OJEDA, REINALDO J ESQ.  
Address: 1118 N. PARSONS AVENUE  
City-St-Zip: BRANDON, FL 33510

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

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: SUSAN L. OJEDA

PSD

06/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date