

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