

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90109 048 ****70.00

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1. Entity Name
H.E.L.P. ANIMALS, INC.



Principal Place of Business
193 CEDAR AVENUE
ORANGE CITY, FL 32763

Mailing Address
193 CEDAR AVENUE
ORANGE CITY, FL 32763

50002671



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
86-1073710

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROZIER, CHERYL
193 CEDAR AVENUE
ORANGE CITY, FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME D
STREET ADDRESS BALLASY, PETER
CITY-ST-ZIP 474 EAST OAKWOOD AVENUE
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME D
STREET ADDRESS JUDY GILLET
CITY-ST-ZIP PO BOX 740514
ORANGE CITY, FL 32763 ☐ Change ☒ Addition

TITLE
NAME TD
STREET ADDRESS CROZIER, CHERYL
CITY-ST-ZIP 193 CEDAR AVENUE
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME D
STREET ADDRESS LORRAINE ORTIZ
CITY-ST-ZIP PO BOX 740514
ORANGE CITY, FL 32763 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS JOHNSON, JUNE
CITY-ST-ZIP 1550 WEST 17TH STREET
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS WACHTER, NANCY
CITY-ST-ZIP 193 CEDAR AVENUE
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS BALLASY, PRISCILLA
CITY-ST-ZIP 474 EAST OAKWOOD AVE
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Cheryl J. Crozier CHERYL J. CROZIER

3-13-06 386-479-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #