

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005868

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

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

193 CEDAR AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

193 CEDAR AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 86-1073710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROZIER, CHERYL
193 CEDAR AVENUE
ORANGE CITY, FL 32763 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: TD () Delete
Name: CROZIER, CHERYL
Address: 193 CEDAR AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: JOHNSON, JUNE
Address: 1550 WEST 17TH STREET
City-St-Zip: ORANGE CITY, FL 32763

Title: PD () Delete
Name: WACHTER, NANCY
Address: 193 CEDAR AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: SD () Delete
Name: BALLASY, PRISCILLA
Address: 474 EAST OAKWOOD AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: FITZGERALD, NANCY
Address: 415 BLUESPRINGS AVE
City-St-Zip: ORANGE CITY, FL 32763

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: () 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: NANCY WACHTER

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date