2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# N04000008970

Entity Name: ST. JOSEPH & THE HELPERS CHARITY, INC.

Current Principal Place of Business:

27299 RIVERVIEW CENTER BLVD
SUITE 207
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27299 RIVERVIEW CENTER BLVD
SUITE 207
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 30-0274720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEDOR, BRUCE G ESQ
28171 WINTHROP CIRCLE
BONITA SPRINGS, FL 34134 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:	CULLEY, JAMES K	
Address:	27299 RIVERVIEW CENTER BLVD SUITE 210	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	( ) Delete
Name:	CULLEY, JAMES C	
Address:	27299 RIVERVIEW CENTER BLVD SUITE 210	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	( ) Delete
Name:	CULLEY, TERESA A	
Address:	27299 RIVERVIEW CENTER BLVD SUITE 210	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	(X) Delete
Name:	KENNEDY, NOEL	
Address:	27299 RIVERVIEW CENTER BLVD SUITE 210	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	(X) Delete
Name:	O'SHEA, DONALD	
Address:	27299 RIVERVIEW CENTER BLVD SUITE 210	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	(X) Delete
Name:	SMITH, COLM	
Address:	27299 RIVERVIEW CENTER BLVD SUITE 210	
City-St-Zip:	BONITA SPRINGS, FL 34134	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES K. CULLEY PRES 01/30/2007

Electronic Signature of Signing Officer or Director — Date