

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90047 022 \*\*\*\*61.25

**DOCUMENT # N05000005249**

1. Entity Name

HELPING OUR NEEDY ONES RESPECTFULLY, INC.



Principal Place of Business

3032 WESTMORELAND DR.  
LAKELAND FL 33801

Mailing Address

3032 WESTMORELAND DR.  
LAKELAND FL 33801

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

20-2734161

Applied For

Not Applicable

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

REEDER, SHERYL L  
3032 WESTMORELAND DR.  
LAKELAND FL 33801

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE D ☐ Delete  
NAME REEDER, SHERYL L  
STREET ADDRESS 3032 WESTMORELAND DR.  
CITY-STATE-ZIP LAKELAND FL 33801

TITLE D ☒ Delete  
NAME WILEMAN, JOANNE  
STREET ADDRESS 1441 GREENWOOD RD.  
CITY-STATE-ZIP LAKELAND FL 33805

TITLE D ☒ Delete  
NAME DAVIS, WAYNE  
STREET ADDRESS 6144 MAGPIE DR.  
CITY-STATE-ZIP LAKELAND FL 33809

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DIRECTOR D ☐ Change ☒ Addition  
NAME JANET SMITH  
STREET ADDRESS 3194 KEUKA LOOP  
CITY-STATE-ZIP LAKELAND, FL 33840

TITLE DIRECTOR D ☐ Change ☒ Addition  
NAME ROBERT SIEGEL  
STREET ADDRESS 8805 TOM COSTINE ROAD  
CITY-STATE-ZIP LAKELAND, FL 33809

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert Siegel*

ROBERT SIEGEL 4/22/07 863 398 9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #