

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006217

FILED  
Feb 18, 2006  
Secretary of State

Entity Name: HELPING INDIVIDUALS SUCCEED, INC.

**Current Principal Place of Business:**

2940 NW 210 TERRACE  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2940 NW 210 TERRACE  
MIAMI, FL 33056

**New Mailing Address:**

FEI Number: 20-3030770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JONES-PEABODY, BONITA  
11501 NW 2ND AVE.  
MIAMI, FL 33138      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: DP ( ) Delete  
Name: JONES, CHARLIE  
Address: 2940 NW 210 TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: V ( ) Delete  
Name: JONES, HATTIE  
Address: 2940 NW 210 TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: T ( ) Delete  
Name: CHAMBLISS, MINNIE  
Address: 1244 NW 68 STREET  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: JORDAN, VERLIN  
Address: 841 NW 70 STREET  
City-St-Zip: MIAMI, FL 33150

Title: D (X) Delete  
Name: STORR-BOWDEN, SHARON  
Address: 5812 NW 12TH AVE.  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: CHAMBLISS, MINNIE  
Address: 12601 NW 27 AVE #T302  
City-St-Zip: MIAMI, FL 33167

Title: D (X) Change ( ) Addition  
Name: FOREMAN, NADINE  
Address: 273 NE 163 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: CHARLIE JONES

DP

02/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date