

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008705

FILED
Apr 27, 2006
Secretary of State

Entity Name: HILLSBOROUGH EMERGENCY LONG TERM RECOVERY (HELP), INC.

Current Principal Place of Business:

13524 MARTIN LUTHER KING BLVD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

13524 MARTIN LUTHER KING BLVD
DOVER, FL 33527

New Mailing Address:

P.O. BOX 26181
TAMPA, FL 33623

FEI Number: 20-3348539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCINTOSH, ANDREW L
C/O PIPER RUDNICK GRAY CARY US LLP
101 E KENNEDY BLVE STE 2000
TAMPA, FL 33602 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: SORTORE, MARION
Address: 5033 VIVIENDA WAY
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: BRUNO, FRANCIS
Address: 1213 16TH ST N
City-St-Zip: ST PETERSBURG, FL 33705

Title: D () Delete
Name: HEUER, KATHY
Address: 10502 WILLOWDRAE DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MONTELEONE, SHARON
Address: 100 N ASHLEY DR STE 800
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: MITCHELL, CHERRY
Address: 307 N MICHIGAN AVE STE 2
City-St-Zip: PLANT CITY, FL 33607

Title: D () Delete
Name: NUSSELL, RICHARD
Address: 2902 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33618

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
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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: KATHY HEUER

SEC

04/27/2006

Electronic Signature of Signing Officer or Director

Date