

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90012 001 \*\*\*\*70.00

<b>DOCUMENT # N05000008705</b>					
<b>1. Entity Name</b> HILLSBOROUGH EMERGENCY LONG TERM RECOVERY (HELP), INC.					
<b>Principal Place of Business</b> 13524 MARTIN LUTHER KING BLVD DOVER, FL 33527			<b>Mailing Address</b> P.O. BOX 26181 TAMPA, FL 33623		
<b>2. Principal Place of Business - No P.O. Box #</b> 1000 N. ASHLEY DR., Suite, Apt. #, etc. 800		<b>3. Mailing Address</b> 1000 N. ASHLEY DR., Suite, Apt. #, etc. 800		09042007    Chg-NP    CR2E037 (12/06)	
City & State Tampa, FL		City & State Tampa, FL		<b>4. FEI Number</b> 20-3348539	
Zip 33602		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCINTOSH, ANDREW L C/O PIPER RUDNICK GRAY CARY US LLP 101 E KENNEDY BLVE STE 2000 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SORTORE, MARION 5033 VIVIENDA WAY SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, FRANCIS 1213 16TH ST N ST PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HEUER, KATHY 10502 WILLOWDRAE DR TAMPA, FL 33624	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MONTELEONE, SHARON 100 N ASHLEY DR STE 800 TAMPA, FL 33602	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CHERRY 307 N MICHIGAN AVE STE 2 PLANT CITY, FL 33607	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Cherry HALLBACK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D NUSSELL, RICHARD 2902 W FLETCHER AVE TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>			(SHARON MONTELEONE)    9-4-07    (813)274-0925		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		