

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90018 009 \*\*\*\*61.25

**DOCUMENT # N05000008705**



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

Principal Place of Business  
**1000 N. ASHLEY DR  
#800  
TAMPA, FL 33602**

Mailing Address  
**1000 N. ASHLEY DR  
#800  
TAMPA, FL 33602**

**40110391**



2. Principal Place of Business - No P.O. Box #  
**5201 W KENNEDY BLVD**

3. Mailing Address  
**5201 W KENNEDY BLVD**

Suite, Apt. #, etc.  
**600**

Suite, Apt. #, etc.  
**600**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33609**

Country  
**US**

Zip  
**33609**

Country

07082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-3348539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. 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**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5201 W KENNEDY BLVD**  
**SUITE 600**  
City  
**TAMPA** FL Zip Code  
**33609**

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

*Margaret E. Tribble*

07/08/08

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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  
NAME  
D HEUER, KATHY ☒ Delete  
STREET ADDRESS  
10502 WILLOWDRAE DR  
CITY-ST-ZIP  
TAMPA, FL 33624

TITLE  
NAME  
D MONTELEONE, SHARON ☒ Delete  
STREET ADDRESS  
100 N ASHLEY DR STE 800  
CITY-ST-ZIP  
TAMPA, FL 33602

TITLE  
NAME  
D HALLBACK, CHERRY ☒ Delete  
STREET ADDRESS  
307 N MICHIGAN AVE STE 2  
CITY-ST-ZIP  
PLANT CITY, FL 33607

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
PRES MARGARET E TRIBBLE ☐ Change ☒ Addition  
STREET ADDRESS  
5201 W KENNEDY BLVD, SUITE 600  
CITY-ST-ZIP  
TAMPA, FL 33609

TITLE  
NAME  
SEC SHERI TAYLOR ☐ Change ☒ Addition  
STREET ADDRESS  
5201 W KENNEDY BLVD, SUITE 600  
CITY-ST-ZIP  
TAMPA, FL 33609

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

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

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

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

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.

SIGNATURE:

*Margaret E. Tribble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/08/08 813-274-0908

Daytime Phone #