


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90337 041 \*\*\*\*61.25

<b>DOCUMENT # N05000009199</b>	
1. Entity Name HELP HAITI NOW, INC.	

Principal Place of Business 275 S. MCCALL RD #2 ENGLEWOOD, FL 34223	Mailing Address P.O. BOX 1041 VENICE, FL 34284-1041
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30010704



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052006 Chg-NP CR2E037 (11/05)

4. EEI Number <b>01-0843574</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUIRK, RACHEL A 275 S. MCCALL RD #2 ENGLEWOOD, FL 34223		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIRK, RACHEL A 275 S. MCCALL RD #2 ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI JOSEPH, CHILET RUE FRONCK-FOUCHE #98 ST MAR HAITI, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPII HICKS, BONNIE S 1000 OXFORD RD ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ACHA, AUANE D 624 YALE AVE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUIRK, GEORGIA W 700 ARMANDA RD NORTH VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Georgia W. Quirk **GEORGIA W QUIRK** 4-7-06 941/486-3565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50010784  
#10500009199



**Election of Nonprofit Organization Method of Payment  
Under the Florida Unemployment Compensation Law**

UCT-28  
R. 10/03

HELP HAITI NOW, INC.

Legal Entity

275 S. McCall Rd. #2

Street Address

ENGLEWOOD, FL 34223

City, State ZIP

□□□□□□□□-□  
UT Account Number

As a nonprofit employing unit as defined in section 443.1312(1), Florida Statutes, we hereby elect the option checked below as our method of paying for the unemployment benefits paid to our former employees.

The method is to be effective

01-01-06  
M M D D Y Y

☒ 1. REIMBURSABLE METHOD

- ☒ (a) As a newly liable employer we elect the reimbursable method of payment for unemployment compensation benefits.
- ☐ (b) As an already liable employer we elect to change from the tax rate method to the reimbursable method of payment for unemployment compensation benefits.

☐ 2. TAX RATE METHOD

- ☐ (a) As a newly liable employer we elect the tax rate method of payment at the initial employer tax rate.
- ☐ (b) As an already liable employer we elect to change from the reimbursable method of payment for unemployment compensation benefits to the tax rate method.

**The information on the back of this form should be read carefully  
before a method of payment is selected.**