
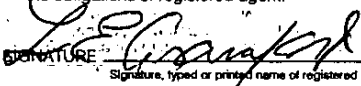
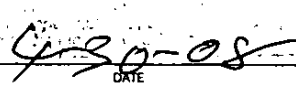
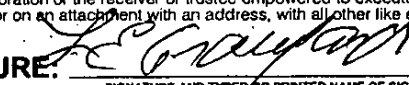
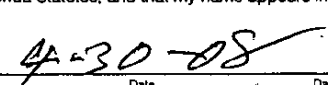


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90143 042 \*\*\*\*61.25

<b>DOCUMENT # N05000011188</b> 1. Entity Name <b>FRIENDS HELPING FRIENDS, HURRICANE RELIEF &amp; OTHER, INC.</b>					
Principal Place of Business <b>5731-4 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254 US</b>			Mailing Address <b>5731-4 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1830 County Rd 125</b> Suite, Apt. #, etc. <b>Northwest</b> City & State <b>Lawtey, Fl</b> Zip <b>32258</b>		3. Mailing Address <b>1830 County Rd 125</b> Suite, Apt. #, etc. <b>Northwest</b> City & State <b>Lawtey, Fl 32258</b> Zip <b>32258</b>		4. FEI Number <b>20-3751631</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Bradford</b>		Country <b>Bradford</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAWFORD, L.E. 5731-4 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254</b>			7. Name and Address of New Registered Agent Name <b>Crawford, L.E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1830 County Rd 125</b> <b>Northwest</b> City <b>Lawtey</b> <b>FL</b> Zip Code <b>32258</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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>L. E. Crawford</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;">   <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, L.E. 5731-4 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crawford, L.E. 1830 County Rd 125 Northwest Lawtey, Fl 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZIER, MARGARET 5731-4 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rozier, Margaret 1830 County Rd 125 Northwest Lawtey, Fl 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, AMBER D 7525 TOWNSEND ROAD JACKSONVILLE, FL 32244	<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
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>L. E. Crawford</b> Date  <b>4-30-08</b> <small>Daytime Phone #</small>		