


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 019 ****70.00

DOCUMENT # N07000003074 1. Entity Name HELP THE LEAST OF THESE, INC.																													
Principal Place of Business 18091 VIA BELLAMARE LANE FT MYERS, FL 33913			Mailing Address 18091 VIA BELLAMARE LANE FT MYERS, FL 33913																										
2. Principal Place of Business - No P.O. Box # 18091 VIA BELLAMARE LN.		3. Mailing Address SAME																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State FT. MYERS, FL.		City & State 		4. FEI Number 14-1993442																									
Zip 33913		Country LEE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BALLINGER, C. DOUGLAS 18091 VIA BELLAMARE LANE FT MYERS, FL 33913			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BALLINGER, JOHN DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1408 PECAN TREES DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GERMANTOWN, TN 38138</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	BALLINGER, JOHN DAVID		STREET ADDRESS	1408 PECAN TREES DR		CITY-ST-ZIP	GERMANTOWN, TN 38138		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: C. Douglas Ballinger, C. DOUGLAS BALLINGER 1/5/08 239.415.4102 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													