

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003074

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: HELP THE LEAST OF THESE, INC.

## Current Principal Place of Business:

18091 VIA BELLAMARE LANE  
FT MYERS, FL 33913

## New Principal Place of Business:

18091 VIA BELLAMARE LANE  
FT MYERS, FL 33913 US

## Current Mailing Address:

18091 VIA BELLAMARE LANE  
FT MYERS, FL 33913

## New Mailing Address:

FEI Number: 14-1993442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALLINGER, C. DOUGLAS  
18091 VIA BELLAMARE LANE  
FT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BALLINGER, JOHN DAVID  
Address: 1408 PECAN TREES DR  
City-St-Zip: GERMANTOWN, TN 38138

Title: D ( ) Delete  
Name: BALLINGER, C. DOUGLAS  
Address: 18091 VIA BELLAMARE LANE  
City-St-Zip: FT MYERS, FL 33913

Title: D (X) Delete  
Name: STRINGER, GENIE  
Address: 3016 REYNELL COVE  
City-St-Zip: MEMPHIS, TN 38119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. DOUGLAS BALLINGER

D

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date