2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N07000005279

Entity Name: HELP FOR THE HOMELESS, INC.

Current Principal Place of Business:

211 E. POLK AVE., #1-A
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

211 E. POLK AVE., #1-A
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 26-0590210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTFORD, JOHN
211 E. POLK AVE., #1-A
LAKE WALES, FL 33853 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: DANIELS, DOROTHY
Address: 102 W. BULLARD
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: DANIELS, LAVON
Address: 102 W. BULLARD
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: FLANOGAN, JUDY
Address: 1620 HIGHLAND BLVD.
City-St-Zip: WINTER PARK, FL 32798

Title: D ( ) Delete
Name: KARR, AMIT
Address: 2621 GAILLANO CIR.
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: MONTFORD, BRIGITTE
Address: 1216 CREEK BOTTOM CIR.
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete
Name: MONTFORD, JOHN
Address: 211 E. POLK AVE., #1-A
City-St-Zip: LAKE WALES, FL 33853

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:

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: JOHN D. MONTFORD D 03/27/2009
Electronic Signature of Signing Officer or Director — Date