

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007348

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: CRM HELP CENTER, INC.

## Current Principal Place of Business:

715 SW 7TH TERRACE  
DANIA BCH, FL 33004

## New Principal Place of Business:

## Current Mailing Address:

715 SW 7TH TERRACE  
DANIA BCH, FL 33004

## New Mailing Address:

FEI Number: 26-0630486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PINDER COOK, SHIRLEY  
4841 NW 1ST STREET  
PLANTATION, FL 33317 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: PD ( ) Delete  
Name: COOPER, FONZELL  
Address: 819 NW 3 AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD ( ) Delete  
Name: DELEVOE, HOSEA JR  
Address: 2451 NW 27TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: SD ( ) Delete  
Name: LOVETT, OLGAMAE  
Address: 2313 GREENE ST  
City-St-Zip: HOLLYWOOD, FL 33056

Title: TD ( ) Delete  
Name: PINDER, LORETTA  
Address: 19005 NW 22ND AVE  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: CAMPBELL, DWAYNE  
Address: 2490 NW 16TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: FRANKS, MARILYN  
Address: 2315 ATLANTA STREET  
City-St-Zip: HOLLYWOOD, FL 33020 US

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: FONZELL COOPER

PD

04/18/2009

Electronic Signature of Signing Officer or Director

Date