2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003646

FILED Apr 12, 2011 Secretary of State

Entity Name: H.E.L.P. IN CHARLOTTE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

21061 RIDDLE AVENUE PORT CHARLOTTE, FL 33954

Current Mailing Address: New Mailing Address:

P.O. BOX 496465

PORT CHARLOTTE, FL 33949

FEI Number: 35-2334842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLIVER, MARY E 21061 RIDDLE AVENUE

PORT CHARLOTTE, FL 33954 US

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: DP

 Name:
 SKINNER, TERESA

 Address:
 1157 CAPRICORN BLVD A2

 City-St-Zip:
 PORT CHARLOTTE, FL 33983

Title: DVP

Name: MILLER, MARC
Address: 2334 MALAYA COURT
City-St-Zip: PUNTA GORDA, FL 33983

Title: DS

Name: FAINT NOT, INC.
Address: 21061 RIDDLE AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: DT

 Name:
 COXEY, TOY

 Address:
 870 OHIO COURT

 City-St-Zip:
 ENGLEWOOD, FL 34223

Title:

Name: HENSLEY-ROBBINS, CHRISTINE DR.

Address: 23275 AVACADO AVENUE City-St-Zip: PORT CHARLOTTE, FL 33980

Title:

 Name:
 BELL, PETER

 Address:
 2415 MYRTLE AVE

 City-St-Zip:
 PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: ELAINE OLIVER ED 04/12/2011