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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09162 (1)

1. Corporation Name

HELP OF FORT MEADE, INC.



Principal Place of Business	Mailing Address
315 N. CHARLESTON AVE. P. O. BOX 91 FORT MEADE FL 33841	315 N. CHARLESTON AVE. P. O. BOX 91 FORT MEADE FL 33841-0091

3. Date Incorporated or Qualified 05/08/1985	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2993886	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRIS, BEVERLY
300 SO. WASHINGTON #57
FORT MEADE FL 33841

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD JACKSON, KAY 75 E. BROADWAY FT MEADE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V MCKINNISH, JAMES 200 N. OAK FT MEADE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	McKinnish, James
STREET ADDRESS		2.3 STREET ADDRESS	200 N. Oak
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Meade, FL
TITLE	D HAVERTY, MILTON 620 NE 3RD FT MEADE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P MOENNING, DAVID 307 E BROADWAY FT MEADE FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Jim Marsh
STREET ADDRESS		4.3 STREET ADDRESS	306 NE 4th St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Meade, FL
TITLE	D SADDLER, CHARLES 501 N. HENRY AVE. FT MEADE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ED FERRIS, BEVERLY J 300 S WASHINGTON FT MEADE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an appointment with an address.

SIGNATURE

[Signature]

03/21/97 (94) 285-1100

CR2E037 (9/96)