

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90079 027 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N09162</b>			
1. Corporation Name <b>HELP OF FORT MEADE, INC.</b>			
Principal Place of Business <del>121 N. CHARLESTON AVE.</del> <del>P.O. BOX 91</del> <b>121 W. BROADWAY</b> <b>FT MEADE, FL 33841</b>		Mailing Address <del>215 N. CHARLESTON AVE.</del> <del>P.O. BOX 91</del> <b>121 W BROADWAY</b> <b>FT MEADE 33841</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1985	
Suite, Apt. #, etc. 22 <b>FT MEADE FL</b>	Suite, Apt. #, etc. 27	4. FEI Number 59-2993886	
City & State 23 <b>33841</b>	City & State 28 <b>FT MEADE FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24	Country 25 <b>USA</b>	Zip 29 <b>33841</b>	Country 30 <b>USA</b>
9. Name and Address of Current Registered Agent <b>JACKSON, NATASHA K</b> <b>702 S ORANGE</b> <b>#57</b> <b>FT MEADE FL 33841</b>		10. Name and Address of New Registered Agent	
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.		DATE <b>3-18-99</b>	
SIGNATURE <b>P.C. Cornelius</b>		DATE <b>3-18-99</b>	
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORNELIUS, P C</b> <b>508 S CHARLESTON</b> <b>FT MEADE FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ED KENDRICK</b> <b>McKINISH, JAMES</b> <b>1215 RIVER OAK CT</b> <b>FT MEADE, FL</b> <b>33841</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAVERTY, MILTON</b> <b>620 NE 3RD</b> <b>FT MEADE FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARSH, JIM</b> <b>406 NE 4TH ST</b> <b>FT MEADE FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SADDLER, CHARLES</b> <b>504 N. HENRY AVE.</b> <b>FT MEADE FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>JACKSON, NATASHA K</b> <b>702 S ORANGE</b> <b>FT MEADE FL</b>	<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>REV. JOHN ARROWOOD</b> <b>P.O. Box 476</b> <b>FT MEADE, FL 33841</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>DENNIS GUINERL</b> <b>103 W. 3RD ST</b> <b>FT MEADE, FL 33841</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D.</b> <b>REV GARY BEAM</b> <b>122 NE 1ST ST</b> <b>FT MEADE, FL 33841</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D</b> <b>REV. MIKE - 11941 Feet</b> <b>P.O. Box 903</b> <b>FT MEADE, FL 33841</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Executive Director</b> <b>Barbara A. Frier</b> <b>320A Big Valley Dr. Lakeland, FL 33813</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barbara A. Frier**  
**Ex. Director**

**3-18-99 (941) 285-6600**  
 Date Daytime Phone

CR2E037 (1/98)