

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90031 050 ****61.25

DOCUMENT # N09162

1. Entity Name

HELP OF FORT MEADE, INC.

Principal Place of Business

121 W. BROADWAY
FORT MEADE FL 33841

Mailing Address

121 W. BROADWAY
FORT MEADE FL 33841-3305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2993886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNELIUS, P. E.
508 S. CHARLESTON
FORT MEADE FL 33844

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 *C. P. Cornelius*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CORNELIUS, P C	
STREET ADDRESS	508 S CHARLESTON	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENDRICK, ED	
STREET ADDRESS	1215 RIVER OAK CT	
CITY-ST-ZIP	FT MEADE FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAVERTY, MILTON	
STREET ADDRESS	620 NE 3RD	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSH, JIM	
STREET ADDRESS	406 NE 4TH ST	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIGHTFOOT, MIKE REV	
STREET ADDRESS	PO BOX 903	
CITY-ST-ZIP	FT MEADE FL 33841	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FRIER, BARBARA A	
STREET ADDRESS	3204 BIG VALLEY DR	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Jones	
STREET ADDRESS	100 SE 6th Street	
CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE	treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fitzhugh Streshley	
STREET ADDRESS	801 N. Charleston	
CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melony Bell	
STREET ADDRESS	412 N. Lanier Ave	
CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holly Boardman	
STREET ADDRESS	135 E. Broadway	
CITY-ST-ZIP	Fort Meade, FL 33841	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	see Attached list	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A Frier*
Barbara A Frier, Executive Director

1/22/2000 (863) 285-6600
Date Daytime Phone #

CR2E037 (9/99)