

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09162

FILED
Apr 15, 2009
Secretary of State

Entity Name: HELP OF FORT MEADE, INC.

Current Principal Place of Business:

121 W. BROADWAY
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

121 W. BROADWAY
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 59-2993886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEST, MARSHA L
121 W. BROADWAY
FORT MEADE, FL 33841 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: D () Delete
Name: HARRELL, MARY ANN
Address: 5880 MANLEY ROAD
City-St-Zip: FT MEADE, FL 33841

Title: D () Delete
Name: GUENTHER, DENNIS
Address: 10 SW 3RD STREET
City-St-Zip: FORT MEADE, FL 33841

Title: S () Delete
Name: BLACKWELDER, RENEE
Address: 214 WEST BROADWAY
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: BELL, MELONY
Address: 412 N LANIER AVE
City-St-Zip: FORT MEADE, FL 33841

Title: T () Delete
Name: MCBRIDE, PATSY
Address: 141 WEST BROADWAY
City-St-Zip: FT MEADE, FL 33841

Title: P () Delete
Name: MARTIN, RON
Address: 825 SOUTH HOUSTON
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WOODS, MIKE
Address: 320 EDGEWOOD DRIVE NORTH
City-St-Zip: FORT MEADE, FL 33841

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: VP (X) Change () Addition
Name: MARTIN, RON
Address: 825 SOUTH HOUSTON
City-St-Zip: FORT MEADE, FL 33841

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: MARSHA WEST

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date