

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13488

FILED
Jan 06, 2006
Secretary of State

Entity Name: PROJECT HELP, INC.

Current Principal Place of Business:

850 CENTRAL AVE
#201
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

850 CENTRAL AVE
#201
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2655969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNAKE, ELIZABETH
850 CENTRAL AVE
#201
NAPLES, FL 34102 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: PD () Delete
Name: BROTHERS, KAREN
Address: 1475 CURLEW DR. #1
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: LOCKE, JEAN
Address: 6770 BUCKINGHAM COURT
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: BORGES, DONNA
Address: 9641 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: DM () Delete
Name: KNAKE, ELIZABETH
Address: 850 6TH AVENUE NORTH
City-St-Zip: NAPLES, FL

Title: VPD () Delete
Name: PICKWORTH, PATRICA
Address: 725 HIGH PINES DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: READ, PATRICIA
Address: 687 ANNEMORE LANE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MAZEROSKI, MARY
Address: 736 PINE VALE CRT
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH KNAKE

DM

01/06/2006

Electronic Signature of Signing Officer or Director

Date