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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:56

DOCUMENT # N15982 (4)

1. Corporation Name
HOUSE OF HELP OF HAITI, INC.

Principal Place of Business	Mailing Address
% AGAPE FLIGHTS, INC. 7990 15 ST E SARASOTA FL 34243	C/O PATRICK MCCOY 2303 GEORGETOWN ROAD BRADENTON FL 34207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1986
3a. Date of Last Report: 08/15/1994
4. FEI Number: 58-0071941 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MCCOY, PATRICK
2303 GEORGETOWN RD
BRADENTON FL 34207

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	KEITH, ROBERTA	1.2 NAME	
STREET ADDRESS	6500 FLOTILLA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH. FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DT ☒ Change ☐ Addition
NAME	ZOLLER, ALICE	2.2 NAME	Yevonne Shook
STREET ADDRESS	318 TARPON ST	2.3 STREET ADDRESS	515 Kumquat Dr.
CITY-ST-ZIP	ANNA MARIA FL	2.4 CITY-ST-ZIP	Anna Maria, FL 34216
TITLE	TP	3.1 TITLE	☒ Change ☐ Addition
NAME	MCCOY, PATRICK	3.2 NAME	
STREET ADDRESS	2303 GEORGTOWN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCOY, CAROL	4.2 NAME	
STREET ADDRESS	2303 GEORGETOWN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	COLE, WARD	5.2 NAME	D
STREET ADDRESS	208 SPRING LANE	5.3 STREET ADDRESS	Alice Perry
CITY-ST-ZIP	ANNA MARIE FL	5.4 CITY-ST-ZIP	5208 17 ST. CT. E. Bradenton, FL 34203
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	COLE, BERNICE	6.2 NAME	D
STREET ADDRESS	208 SPRING LANE	6.3 STREET ADDRESS	Shirley Perry
CITY-ST-ZIP	ANNA MARIE FL	6.4 CITY-ST-ZIP	5208 17 ST. CT. E. Bradenton, FL 34203

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Patrick McCoy PATRICK McCOY 1-12-95 813-756-6744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062437