

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N15982
1. Corporation Name

(4)

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

3. Date Incorporated or Qualified
07/22/1986

3a. Date of Last Report
01/23/1995

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOY, PATRICK
2303 GEORGETOWN RD
BRADENTON FL 34207

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 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DS
KEITH, ROBERTA
STREET ADDRESS 6500 FLOTILLA DR.
CITY-ST-ZIP HOLMES BCH. FL

TITLE ☐ DELETE

NAME DT
SHOOK, YEVONNE
STREET ADDRESS 515 KUMQUAT DR.
CITY-ST-ZIP ANNA MARIA FL

TITLE ☐ DELETE

NAME P
MCCOY, PATRICK
STREET ADDRESS 2303 GEORGTOWN ROAD
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME D
MCCOY, CAROL
STREET ADDRESS 2303 GEORGETOWN RD
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME D
COLE, WARD
STREET ADDRESS 206 SPRING LANE
CITY-ST-ZIP ANNA MARIE FL

TITLE ☐ DELETE

NAME D
COLE, BERNICE
STREET ADDRESS 206 SPRING LANE
CITY-ST-ZIP ANNA MARIE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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

1-17-96

941-756-6744

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)