

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # **N15982**

(4)

1. Corporation Name

HOUSE OF HELP OF HAITI, INC.

Principal Place of Business

**% AGAPE FLIGHTS, INC.
7990 15 ST E
SARASOTA FL 34243**

Mailing Address

**C/O PATRICK MCCOY
2303 GEORGETOWN ROAD
BRADENTON FL 34207-5138
US**

3. Date Incorporated or Qualified
07/22/1986

3a. Date of Last Report
02/07/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 **DS** ☐ DELETE

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

TITLE **DT** ☐ DELETE

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

TITLE **P** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☒ DELETE

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

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME **VP OLICE Pery**
13 STREET ADDRESS **5708 17 ST. CT. E.**
14 CITY-ST-ZIP **BRADENTON, FL**

21 TITLE ☐ Change ☒ Addition

22 NAME **SHIRLEY Pery**
23 STREET ADDRESS **5708 17 ST. CT. E.**
24 CITY-ST-ZIP **BRADENTON, FL**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)