FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22066 (7)

1. Corporation Name

FOUNDATION FOR SELF HELP, INC.

Principal Place of Business:
C/O W.J. PFAFFENBERGER
631 U.S. HIGHWAY #1, SUITE 410
NORTH PALM BEACH FL 33408

Mailing Address:
C/O W.J. PFAFFENBERGER
631 U.S. HIGHWAY #1, SUITE 410
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1987
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2859251 — Applied For / Not Applicable

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

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 [X] No

9. Name and Address of Current Registered Agent

PFAFFENBERGER, W.J.
631 U.S. HIGHWAY #1
SUITE 410
NORTH PALM BEACH FL 33408

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 617.0502, 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 ______

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	D
NAME	LOWERY, A.T.
STREET ADDRESS	11169 MONET LANE
CITY-ST-ZIP	LAKE PARK FL
TITLE	D
NAME	GASTER, GORDON D.
STREET ADDRESS	11300 US HIGHWAY #1
CITY-ST-ZIP	N. PALM BEACH FL
TITLE	D
NAME	LEE, THOMAS E., JR.
STREET ADDRESS	1001 N. US HWY 1,STE.500
CITY-ST-ZIP	JUPITER FL
TITLE	D
NAME	LEE, WAYNE H.
STREET ADDRESS	2575 LONE PINE ROAD
CITY-ST-ZIP	PALM BEACH GARDEN FL
TITLE	D
NAME	PFAFFENBERGER, W. J.
STREET ADDRESS	631 US HWY 1, SUITE 410
CITY-ST-ZIP	N. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition (blank)

14. I 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.

SIGNATURE: A. T. Lowery [signature] 4/21/95 407-626-7258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0011100