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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

08/17/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LOWERY, A.T.  
STREET ADDRESS 11169 MONET LANE  
CITY-ST-ZIP LAKE PARK FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME CRAFTY, EVANS  
1.3 STREET ADDRESS 611 NW SUNSET DRIVE  
1.4 CITY-ST-ZIP STUART, FL 34994

TITLE D ☐ DELETE  
NAME GASTER, GORDON D.  
STREET ADDRESS 11300 US HIGHWAY #1  
CITY-ST-ZIP N. PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEE, THOMAS E., JR.  
STREET ADDRESS 1001 N. US HWY 1, STE. 500  
CITY-ST-ZIP JUPITER FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME LEE, WAYNE H.  
STREET ADDRESS 2575 LONE PINE ROAD  
CITY-ST-ZIP PALM BEACH GARDEN FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PFAFFENBERGER, W. J.  
STREET ADDRESS 631 US HWY 1, SUITE 410  
CITY-ST-ZIP N. PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

122-96 407-626-2738

CR2E037 (12/95)