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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

C/O W.J. PFAFFENBERGER
631 U.S. HIGHWAY #1, SUITE 410
NORTH PALM BEACH FL 33408C/O W.J. PFAFFENBERGER
631 U.S. HIGHWAY #1, SUITE 410
NORTH PALM BEACH FL 33408-46213. Date Incorporated or Qualified
08/17/19873a. Date of Last Report
01/29/1996

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

4. FEI Number
59-2859251Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 FLTITLE D DELETE
NAME GASTER, GORDON D.
STREET ADDRESS 11300 US HIGHWAY #1
CITY-ST-ZIP N. PALM BEACH FLTITLE D DELETE
NAME LEE, THOMAS E., JR.
STREET ADDRESS 1001 N. US HWY 1, STE. 500
CITY-ST-ZIP JUPITER FLTITLE D DELETE
NAME PFAFFENBERGER, W. J.
STREET ADDRESS 631 US HWY 1, SUITE 410
CITY-ST-ZIP N. PALM BEACH FLTITLE D DELETE
NAME CRATY, EVANS
STREET ADDRESS 611 NW SUNSET DRIVE
CITY-ST-ZIP STUART FL 34994TITLE D DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040644

CR2E037 (9/96)