


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N22066 1. Entity Name FOUNDATION FOR SELF HELP, INC.	
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Principal Place of Business C/O W.J. PFAFFENBERGER 11780 US HWY ONE SUITE 200 NORTH PALM BEACH, FL 33408	Mailing Address P.O. BOX 14397 NORTH PALM BEACH, FL 33408-4397
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01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2859251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PFAFFENBERGER, W.J. 631 U.S. HIGHWAY #1 SUITE 410 NORTH PALM BEACH, FL 33408
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, A.T. 11169 MONET LANE LAKE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASTER, GORDON D. 400 S US HWY 1 SUITE 400 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, THOMAS E., JR. 1001 N. US HWY 1,STE.500 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFAFFENBERGER, W. J. 11780 US HWY 1 SUITE 300 N. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, JAMES 1080 SIERRA OAKS CIRCLE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80019-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: A.T. Lowery A.T. Lowery 1-21-07 561-622-8625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #