

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22066

FILED
Jan 15, 2008
Secretary of State

Entity Name: FOUNDATION FOR SELF HELP, INC.

Current Principal Place of Business:

C/O W.J. PFAFFENBERGER
11780 US HWY ONE SUITE 200
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14397
NORTH PALM BEACH, FL 334084397

New Mailing Address:

FEI Number: 59-2859251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOWERY, A.T.,
Address: 11169 MONET LANE
City-St-Zip: LAKE PARK, FL

Title: D () Delete
Name: GASTER, GORDON D.,
Address: 400 S US HWY 1 SUITE 400
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: LEE, THOMAS E., JR.,
Address: 1001 N. US HWY 1,STE.500
City-St-Zip: JUPITER, FL

Title: D () Delete
Name: PFAFFENBERGER, W. J.,
Address: 11780 US HWY 1 SUITE 300
City-St-Zip: N. PALM BEACH, FL

Title: D () Delete
Name: CREWS, JAMES
Address: 1080 SIERRA OAKS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.T. LOWERY

PRES

01/15/2008

Electronic Signature of Signing Officer or Director

Date