

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22066

**FILED**  
**Jan 27, 2011**  
**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 (X)**

**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:** P  
**Name:** WHITTER, WENDELL R P.  
**Address:** 142 SANTA BARBARA WAY  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** D-VP  
**Name:** GORDON GASTER  
**Address:** 400 S US HWY 1 SUITE 400  
**City-St-Zip:** JUPITER, FL 33477

**Title:** D-ST  
**Name:** VONICE IMOGENE LOWERY  
**Address:** 11169 MONET LANE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** A/ST  
**Name:** LISA LOWERY  
**Address:** 6330 SE POINCIANA LANE  
**City-St-Zip:** HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

**SIGNATURE:** VONICE IMOGENE LOWERY

D-ST

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date