

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90020 019 ****61.25

DOCUMENT # N26566

1. Entity Name

HELP A CHILD, INC.

Principal Place of Business

8800 49TH ST NORTH
 SUITE 410
 PINELLAS PARK FL 33782
 US

Mailing Address

8800 49TH ST NORTH
 SUITE 410
 PINELLAS PARK FL 33782
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2894274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MARK R.
3131 66TH ST. N. SUITE A
ST. PETERSBURG FL 33704

new address

7. Name and Address of New Registered Agent

Name

Lewis, Mark R.

Street Address (P.O. Box Number is Not Acceptable)

6830 Central Ave., Suite D

City

St. Petersburg

FL

Zip Code

33707

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.

SIGNATURE

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Delete
NAME	PERLMAN, SHARON M.D.
STREET ADDRESS	3601 34TH STREET NORTH SUITE 200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	WHITTED, ERIC
STREET ADDRESS	3601-34TH ST N. STE 200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, JERRIE
STREET ADDRESS	1151 SERPENTINE DR. S.
CITY-ST-ZIP	SAINT PETERSBURG FL 33705
TITLE	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, WESLEY A.
STREET ADDRESS	3601-34TH ST N. STE 200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> Delete
NAME	GILGOSCH, BOBBIE
STREET ADDRESS	3601 34TH STREET NORTH SUITE 200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> Delete
NAME	FISHBACK, JERE
STREET ADDRESS	3601-34TH ST. N. STE.200
CITY-ST-ZIP	ST. PETERSBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William B. Hoyt	
STREET ADDRESS	153 29th Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan Rumpf	
STREET ADDRESS	2885 38th St. North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

727-544-3900 X140

Daytime Phone #

CR2E037 (9/01)