

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90077 005 ****70.00

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

4000 GATEWAY CENTER Blvd.
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address

4000 GATEWAY CENTER Blvd.
Suite, Apt. #, etc.
SUITE 200

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

Zip

33782

Country

U.S.A.

Zip

33782

Country

USA

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.
6830 CENTRAL AVE
SUITE D
SAINT PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERLMAN, SHARON M.D.
STREET ADDRESS 3601 34TH STREET NORTH SUITE 200
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME RUMPF, BRYAN
STREET ADDRESS 2885 38TH ST NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☐ Delete

TITLE SD
NAME CUNNINGHAM, JERRIE
STREET ADDRESS 1151 SERPENTINE DR. S.
CITY-ST-ZIP SAINT PETERSBURG FL 33705 ☐ Delete

TITLE TD
NAME HOYT, WILLIAM B
STREET ADDRESS 153 29TH AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

TITLE VD
NAME GILGOSCH, BOBBIE
STREET ADDRESS 3601 34TH STREET NORTH SUITE 200
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE D
NAME GOODRICH, SEAN
STREET ADDRESS 106 18TH AVE., NE
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bobbie Gilgorsch

1-27-04

544-3900