


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 010 \*\*\*\*61.25

**DOCUMENT # N26566**  
1. Entity Name  
**HELP A CHILD, INC.**



Principal Place of Business: **4000 GATEWAY CENTER BLVD SUITE 200 PINELLAS PARK FL 33782 US**  
Mailing Address: **4000 GATEWAY CENTER BLVD SUITE 200 PINELLAS PARK FL 33782 US**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **59-2894274**  
Applied For:  Not Applicable

Zip: Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	D	<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	D	<input type="checkbox"/> Delete
NAME	RUMPF, BRYAN	
STREET ADDRESS	2885 38TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JERRIE	
STREET ADDRESS	1151 SERPENTINE DR. S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCQUEEN, JOHN	
STREET ADDRESS	2201 - 9TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GILGOSCH, BOBBIE	
STREET ADDRESS	3601 34TH STREET NORTH SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOODRICH, SEAN	
STREET ADDRESS	106 18TH AVE., NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" 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 exemptions contained in Section 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: