2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26566

Entity Name: HELP A CHILD, INC.

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4000 GATEWAY CENTER BLVD

SUITE 200

PINELLAS PARK, FL 33782 US

Current Mailing Address: New Mailing Address:

4000 GATEWAY CENTER BLVD SUITE 200 PINELLAS PARK, FL 33782 US

FEI Number: 59-2894274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, MARK R. 6830 CENTRAL AVE SUITE D SAINT PETERSBURG, FL 33707 US

OFFICERS AND DIRECTORS:

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

Electronic elginatare el registere

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 BURNS, KAREN
 Name:
 VARGAS, LAURA

 Address:
 1102 64TH STREET S
 Address:
 400 NORTH TAMPA STREET #1200

City-St-Zip: GULFPORT, FL 33707 City-St-Zip: TAMPA, FL 33602

Title: PD () Delete Title: () Change () Addition

 Name:
 KOZLOWSKI, ED
 Name:

 Address:
 12309 SCHOOLHOUSE STREET
 Address:

 City-St-Zip:
 RALEIGH, NC 27614
 City-St-Zip:

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 GILGOSCH, BOBBIE
 Name:
 WEIGLE, CHRISTINE

 Address:
 2746 67TH AVENUE S
 Address:
 P.O. BOX 383

City-St-Zip: ST. PETERSBURG, FL 33712 City-St-Zip: TERRA CEIA ISLAND, FL 34250

Title: VD () Delete Title: () Change () Addition

 Name:
 COX, TERRY
 Name:

 Address:
 4800 26TH COURT S
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33712
 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: ED KOZLOWSKI PD 04/02/2008