


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90133 013 \*\*\*\*61.25

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



Principal Place of Business Mailing Address  
**8800 49TH ST NORTH** **8800 49TH ST NORTH**  
**SUITE 410** **SUITE 410**  
**PINELLAS PARK FL 33782** **PINELLAS PARK FL 33782**  
**US** **US**

**90013687**



CHECK HERE IF MAKING CHANGES

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

City & State City & State

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

Zip Country 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 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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME **RUMPF**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **TD**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **FISHBACK, JERE**  
STREET ADDRESS **3601-34TH ST. N. STE.200**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D**  Change  Addition  
NAME **GOODRICH, SEAN**  
STREET ADDRESS **106 18TH AVE, NE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

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: *Bobbie Gilgusch* 1-27-03 527-864-2684