2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N26638

1. Entity Name
GEORGE A. HELOW FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
%JOSEPH P. HELOW 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256	%JOSEPH P. HELOW 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2904267
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HELOW, JOSEPH P.
8118 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HELOW, GEORGE A.
STREET ADDRESS	8118 SUMMIT RIDGE LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	HELOW, JOSEPH P.
STREET ADDRESS	8228 SHADY GROVE RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	HELOW, MARGARET O.
STREET ADDRESS	8118 SUMMIT RIDGE LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	PARKER, DIANE M.
STREET ADDRESS	6132 WOODPECKER TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	PRITCHARD, MARY HELOW
STREET ADDRESS	8184 SABAL OAK WAY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	DARLING, ANNE HELOW
STREET ADDRESS	8177 WOODGROVE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL

U00000525072
05/04/06-80018-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph P. Helow Joseph P. Helow 4-4-06 (904) 636-0591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #