2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N31691

1. Entity Name
HELP THE HANDICAPPED, INC.

Principal Place of Business	Mailing Address
P.O. BOX #1114	P.O. BOX #1114
LAKELAND, FL 33802-1114	LAKELAND, FL 33802-1114

DO NOT WRITE IN THIS SPACE

04182005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-2945631	Not Applicable

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

6. Name and Address of Current Registered Agent

BOEDICKER, GEORGE ROBERT
8522 NO CAMBELLRD
LAKELAND, FL 33810

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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 _____ GEORGE R BOEDICKER   APr 19 2005

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

Filing Fee is $61.25 **Due by May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOEDICKER, GEORGE ROBERT
STREET ADDRESS	P.O. BOX 1114 N/A
CITY-ST-ZIP	LAKELAND, FL
TITLE	TD
NAME	MCCLOUD, LORENZO
STREET ADDRESS	P.O BOX 482 N/A
CITY-ST-ZIP	BARTOW,, FL
TITLE	SD
NAME	LAWRENCE, ANDREW
STREET ADDRESS	1910 HAMILTON STREET E.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000330401
04/25/05-80156-022 70.00

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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: _____ GEORGE Robt. BOEDICKER 4/19/2005 863683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

863-683-1764