


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N31691 1. Entity Name HELP THE HANDICAPPED, INC.	
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Principal Place of Business P.O. BOX #1114 LAKELAND, FL 33802-1114	Mailing Address P.O. BOX #1114 LAKELAND, FL 33802-1114
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04012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2945631	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOEDICKER, GEORGE ROBERT 8522 NO CAMBELL RD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

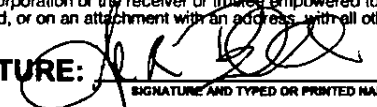
U00000712368

04/26/07-80044-012 70.00

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

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:  **GEORGE R. BOEDICKER** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **APR 12 2007** 863-687-1764
Daytime Phone #