## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31691

FILED Mar 31, 2009 Secretary of State

Entity Name: HELP THE HANDICAPPED, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX #1114 8522 N. CAMPBELL RD. LAKELAND, FL 338021114 LAKELAND, FL 33810

Current Mailing Address: New Mailing Address:

P.O. BOX #1114

LAKELAND, FL 338021114

FEI Number: 59-2945631 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BOEDICKER, GEORGE ROBERT

8522 NO CAMBELLRD
LAKELAND, FL 33810 US

BOEDICKER, GEORGE ROBERT

8522 NO CAMPBELLRD
LAKELAND, FL 33810 US

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: GEORGE R. BOEDICKER 03/31/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BOEDICKER, GEORGE ROBERT
 Name:

 Address:
 P.O. BOX 1114 N/A
 Address:

 City-St-Zip:
 LAKELAND, FL
 City-St-Zip:

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: MCCLOUD, LORENZO Name: MCCLOUD, LORENZO

 Address:
 P.O BOX 482 N/A
 Address:
 2370 BOOKER ST.

 City-St-Zip:
 BARTOW,, FL
 City-St-Zip:
 BARTOW,, FL 33830

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LAWRENCE, ANDREW
 Name:

 Address:
 1910 HAMILTON STREET E.
 Address:

 City-St-Zip:
 BARTOW, FL 33830
 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: GEORGE R. BOEDICKER P/D 03/31/2009