FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46033** **(9)**

1. Corporation Name

HELPING THE ELDERLY WITH LEGAL PROBLEMS, INC.

Principal Place of Business	Mailing Address
7425 CANDLELIGHT CT NEW PORT RICHEY FL 34652	P O BOX 1282 ELFERS FL 34680 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1991**

3a. Date of Last Report: **04/06/1994**

4. FEI Number: **59-3126415** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZANDECKI, THOMAS
7627 LITTLE ROAD
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE		☐ Change ☐ Addition
NAME	VILLANTI, CRAIG C	1.2 NAME		
STREET ADDRESS	7530 LITTLE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	STT	2.1 TITLE		☐ Change ☐ Addition
NAME	THIEL, JOAN	2.2 NAME		
STREET ADDRESS	6917 STATE ROAD 54	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	CT	3.1 TITLE		☐ Change ☐ Addition
NAME	LOONEY, K. JEAN	3.2 NAME		
STREET ADDRESS	7425 CANDLELIGHT CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	PARRI, RAYMOND L.	4.2 NAME		
STREET ADDRESS	1217 PONCE DELEON BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	DEPETRILLO, DOM	5.2 NAME		
STREET ADDRESS	6640 VAN BUREN STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	BILIRAKIS, GUS M	6.2 NAME		
STREET ADDRESS	4538 BARTELT RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan M. Thiel 4/3/95 813/847-5854

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

Joan M. Thiel, Secretary/Treasurer

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