

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **N46033** (9)
1. Corporation Name
HELPING THE ELDERLY WITH LEGAL PROBLEMS, INC.

Principal Place of Business
**7425 CANDLELIGHT CT
NEW PORT RICHEY FL 34652**

Mailing Address
**P O BOX 1262
ELFERS FL 34680
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1991		3a. Date of Last Report 04/07/1995	
21		26		4. FEI Number 59-3126415		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANTI, CRAIG C	1.2 NAME	SEE ATTACHED LIST
STREET ADDRESS	7530 LITTLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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* **JOAN M. THIEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

847-5854
(813) #

CP2E037 (12/95)

N46033

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H.E.L.P.
HELPING THE ELDERLY WITH LEGAL PROBLEMS, INC.

Effective November 14, 1995

Name and Address	Phone	End of Term
Bay Area Legal Service, Inc. 8406 Massachusetts Avenue Suite B-2 New Port Richey, FL 34653	847-5494 842-1786 Fax	December 1997
C.A.R.E.S. 7505 Rottingham Road Port Richey, FL 34668	862-9291	December 1997
Dom DePetrillo Alzheimer's Association 6640 Van Buren Street New Port Richey, FL 34653	848-8888 849-6124 Fax	December 1997
Paul Gelep 7419 U.S. Hwy 19 New Port Richey, FL 34652	849-5591	December 1996
K. Jean Looney - President 7425 Candlelight Court New Port Richey, FL 34652	848-1914	December 1997
Ray L. Parri 1217 Ponce DeLeon Blvd. Clearwater, FL 34616	849-1958 586-4224	December 1997
Carol A. Perantie 5139 Trouble Creek Road New Port Richey, FL 34652	845-6111 845-6296 Fax	December 1997
Jed Pittman P.O. Box 338 New Port Richey, FL 34656-0338	845-2411	December 1996

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Joan M. Thiel - **Secretary/Treasurer**
5709 Tidalwave Drive
New Port Richey, FL 34652

847-5854
841-8586 Fax

December 1996

Hugh Umsted
9436 Regency Park Blvd.- Suite A
Port Richey, FL 34668

844-7944
844-7344 Fax

December 1996

Michael J. Virgadamo
One Harbor Place
P.O. Box 3239
Tampa, FL 33601

223-7000
229-4133 Fax

December 1996

Thomas Zandecki - **Vice President**
7627 Little Road
New Port Richey, FL 34654

845-0253
846-1356 Fax

December 1996