FILE-NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N46418

(2)

H.E.L.P.S. MINISTRIES OF BROWARD, INC.

Principal Place of Business Mailing Address					T I DESISTAT DIL DIESA DILII DIEDI LIDEN I BILI DIBIL DIBIL ELELI DIBIL ELELI				
2900 GATEWAY DR 2900 GATEWAY DR						3. Date Incorporated or Qualified			
POMPANO BEA	CH FL 33069	POMPANO BEACH FL 33069				12/11/1991			
US		US			Ì	4. FEI Number		Applied For	
						65-0299856		Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address				5. Certificate of Status Desired		5 Additional Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing	\$5.0	0 May Be	
22	•	27	7]			Trust Fund Contribution	Adde	d to Fees	
City & State	8	City & State	 _ ·			7. Is this nonprofit corporation a homeowners association?			
23		28				☐ Yes ☐ No			
Zip			— ´	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 9. Name and Address of Curre		30			Personal Property Tax due June 30. 10. Name and Address of New Registered		□ NO	
	s. Name and Address of Curre	in neglatered Agent	81	ΙN	lame	To: Hame und Address of New Hegistered	Agent		
DA1/10 1	BATMA T		82						
DAVIS, MARK T				: S	treet Addres	Address (P.O. Box Number is Not Acceptable)			
2900 GATEWAY DR POMPANO BEACH FL 33069				1					
POWPAIN	IO DEACH FE 33009			ـــــــــــــــــــــــــــــــــــــ					
			84	-	ity	<u>FL</u>	.	ip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						ation submits this statement for the purpose on's board of directors. I hereby accept the app	f changin ointment	g its registered as registered	
agent. I a	m familiar with, and accept the oblig	ations of Section 617,0503, Flor	ida Statute	s.			~		
SIGNATURE	- MAR S- W	<u> </u>	Mark		1. 1/as	115 200	3-98		
	Signature, typed or printed name of registered ag		Registered Age	ent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	ODS IN 12	
12.	D OFFICERS AN	ID DIRECTORS DELETE	1.1 TITLE						
NAME	COY, ROBERT		1.2 NAME			700002678	92°	74	
STREET ADDRESS				1.3 STREET ADDRESS		-11/03/980)1041-	007	
				1.4 CITY-ST-ZIP		****525.00	非宗宗》	:175.00	
CITY-ST-ZIP TITLE	VSD	DELETE	2.1 TITLE	31-21	F		Chang	e Addition	
NAME	DAVIS, MARK T		2.2 NAME			700002678 -11/03/980	32°	7-4	
STREET ADDRESS	- · · · · ·		1	2.3 STREET ADDRESS		-11/03/980) 1 041-	009	
CITY-ST-ZIP			1	2. 4 CITY-ST-ZIP		*****61.25	米米米米	:¥61.25	
TITLE	D	DELETE	3.1 TITLE	<u> </u>	-		Chang	e	
NAME	DESTEFANO, GENNARINO J		3.2 NAME						
STREET ADDRESS	2800 GATEWAY DRIVE		3,3 STREET	T ADD	IRESS				
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-		· 1				
TITLE	D	DELETE	4.1 TITLE				Chang	e 🔲 Addition	
NAME I	DAVIDSON, TIM J		4. 2 NAME						
STREET ADDRESS	2800 GATEWAY DRIVE		4.3 STREET	r add	ress				
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY - S		1				
TITLE	D	DELETE	5.1 TITLE				Chang	e 🔲 Addition	
NAME	WHETSTONE, PAUL		5.2 NAME						
STREET ADDRESS	2800 GATEWAY DRIVE		5.3 STREET	T ADD	RESS				
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY - S				AT.		
TITLE	D	DELETE	6.1 TITLE				☐\Çhang	Addition	
NAME	CHINNELLY, JOHN		6.2 NAME				-U(}	
ı .	2800 GATEWAY DR		6.3 STREET	T ADD	pree	(,	\mathcal{A}^{\cup}	/	

POMPONA BEACH FL CITY-ST-ZIP 6.4 CITY-ST-ZIP

SIGNATURE:

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SECRETARY OF STATE TALLAHASSEE, FLORID