

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90065 041 ****61.25

DOCUMENT # N47209

1. Entity Name
CHRISTIAN HELP FOUNDATION, INC.



Principal Place of Business
**450 SEMINOLA BLVD
CASSELBERRY, FL 32707 US**

Mailing Address
**450 SEMINOLA BLVD
CASSELBERRY, FL 32707 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3107271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, D. RICHARD
1221 CHEETAH TRAIL
WINTER SPRINGS, FL 32708**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

*CK 5931
4/11/08*

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILSON, D. RICHARD
STREET ADDRESS 1221 CHEETAH TRAIL
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WILSON, MADGE
STREET ADDRESS 1221 CHEETAH TRAIL
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ED ☐ Delete
NAME VIDAL, SANDI
STREET ADDRESS 13491 EARLY FROST CIRCLE
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☒ Delete
NAME HOGAN, GORDON
STREET ADDRESS 2420 MILLS CREEK RD.
CITY-ST-ZIP CHULUOTA, FL 32766

TITLE ☐ Change ☒ Addition
NAME *CD Larry Fairbrother*
STREET ADDRESS *973 Stonewood Lane*
CITY-ST-ZIP *Marlton, FL 32751*

TITLE D ☒ Delete
NAME HUTSELL, FRANK
STREET ADDRESS 1331 AUGUSTA NAT'L BLVD.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☒ Addition
NAME *SD Hufford, Bill*
STREET ADDRESS *527 Queens Mirror Circle*
CITY-ST-ZIP *Casselberry, FL 32707*

TITLE SD ☐ Delete
NAME WEIR, DAVID
STREET ADDRESS 104 MURPHY RD
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *D. Richard Wilson* **D. Richard Wilson** *4/11/08* *407-699-0256*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #