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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000166 (0)**

1. Corporation Name

HELP OF TAMPA BAY INC.



Principal Place of Business 40347 U.S. HWY. NORTH SUITE-123 TARPON SPRINGS FL 34689	Mailing Address 40347 U.S. HWY. NORTH SUITE-123 TARPON SPRINGS FL 34689
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2. Principal Place of Business 21 324 TAVERNIER DR	2a. Mailing Address 26 324 TAVERNIER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 OLDSMAR, FL	City & State 28 OLDSMAR, FL
Zip 24 34677	Country 25 US
Zip 29 34677	Country 30 US

3. Date Incorporated or Qualified 11/06/1992	3a. Date of Last Report 06/13/1996
4. FEI Number 59-3154093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRITCHARD, RANDY J
40347 U.S. HWY. NORTH
SUITE-123
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
324 TAVERNIER DR
83
84 City
OLDSMAR
FL
85 Zip Code
34677

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE **RANDY J PRITCHARD** **4-30-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, RANDY J	1.2 NAME	
STREET ADDRESS	40347 US HIGHWAY 19, SUITE 123	1.3 STREET ADDRESS	324 TAVERNIER DR
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, DONNA L	2.2 NAME	
STREET ADDRESS	40347 US HIGHWAY 19, SUITE 123	2.3 STREET ADDRESS	324 TAVERNIER DR
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEOLI, SEBASTIAN S	3.2 NAME	
STREET ADDRESS	6477 - 102ND AVE NO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34688	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Randy J Pritchard** **REQUIRED** **4-30-97 (813) 814-9494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079861

CR2E037 (9/96)