NOTICE: CORPORATIONS WILL BE ADMINISTRATIVELY DISSOLVED OR REVOKED AFTER APRIL 1, 1995, IF THIS REPORT IS NOT RECEIVED BY THAT DATE. SEE SECTIONS 607.1420 AND 607.1422, FLORIDA STATUTES.

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:26

DOCUMENT # N93000001696 (4)

1. Corporation Name

PROJECT H.E.L.P. OF OKEECHOBEE, INC.

Principal Place of Business	Mailing Address
1019 W. SOUTH PARK ST. OKEECHOBEE FL 34972	1019 W. SOUTH PARK ST. OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1993
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0406783 ☐ Applied For ☐ Not Applicable
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 ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MILLER, SHEILA
1019 W. SOUTH PARK ST.
OKEECHOBEE FL 34972

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 _____ 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	DP	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, SHEILA	12 NAME	
STREET ADDRESS	1019 W. SOUTH PARK ST.	13 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	AARON VIKKI	22 NAME	
STREET ADDRESS	2581 NW 63RD TERR	23 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	WILSON, LINDA	32 NAME	
STREET ADDRESS	7740 NW 81ST CT.	33 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	HEBEL TOM	42 NAME	
STREET ADDRESS	4437 HWY 441 SE	43 STREET ADDRESS	
CITY ST ZIP	OKEECHOBEE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FAIRCLOTH BARENDA	52 NAME	
STREET ADDRESS	740 S PARK RD 11-21	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Sheila Miller June 9, 1995 941-763-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0017107