FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB -1 PM 1:53

DOCUMENT # N93000003272 (2)

1. Corporation Name
HELPING OTHERS, INC.

Principal Place of Business	Mailing Address
1915 CLEVELAND ST NE PALM BAY FL 32905	1915 CLEVELAND ST NE PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-3190595 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: 8.75 ☒ $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 61.25 ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 1975 Palm Bay Rd.
22 Suite, Apt. #, etc.: Suite 3
23 City & State: Palm Bay, FL
24 Zip: 32905
25 Country: Brevard

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent

FRESE, GARY B
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL
65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN, C L	1.2 NAME	
STREET ADDRESS	1915 CLEVELAND ST NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN-COLLINS, CLARANIECE M	2.2 NAME	
STREET ADDRESS	414 SHAWNEE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37411	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, HARVEY L	3.2 NAME	
STREET ADDRESS	271 WAVECREST AVE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, SANDRA N	4.2 NAME	
STREET ADDRESS	191 LANTERNBACK ISLAND DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORTOISE ISLAND FL 32937	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, JOHNNIE M	5.2 NAME	
STREET ADDRESS	271 WAVECREST AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: C. La Monte Hogan (C. La Monte Hogan) 1/25/95 (407) 724-
INDIVIDUAL'S NAME AND TYPED OR PRINTED NAME OF MAILING OFFICER OR DIRECTOR
President & CEO
DATE Daytime Phone # 1033

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