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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000003272 (2)**

1. Corporation Name

HELPING OTHERS, INC.



Principal Place of Business

Mailing Address

**1975 PALM BAY RD
3
PALM BAY FL 32905
US**

**1915 CLEVELAND ST NE
PALM BAY FL 32905-5126**

3. Date Incorporated or Qualified
07/15/1993

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

4. FEI Number
59-3190595

Applied For
☐ Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D HOGAN, C L**
STREET ADDRESS **1915 CLEVELAND ST NE**
CITY-ST-ZIP **PALM BAY FL 32905**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D HOGAN-COLLINS, CLARANIECE M**
STREET ADDRESS **414 SHAWNEE TRAIL**
CITY-ST-ZIP **CHATTANOOGA TN 37411**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RILEY, HARVEY L**
STREET ADDRESS **271 WAVECREST AVE NE**
CITY-ST-ZIP **PALM BAY FL 32905**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D JONES, SANDRA N**
STREET ADDRESS **191 LANTERNBACK ISLAND DR**
CITY-ST-ZIP **TORTOISE ISLAND FL 32937**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RILEY, JOHNNIE M**
STREET ADDRESS **271 WAVECREST AVE NE**
CITY-ST-ZIP **PALM BAY FL 32905**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)