

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 21 1998 8:00am
Secretary of State

DOCUMENT # N93000003272 (2)

1. Corporation Name

HELPING OTHERS, INC.



Principal Place of Business 1975 PALM BAY RD 3 PALM BAY FL 32905 US		Mailing Address 1915 CLEVELAND ST NE PALM BAY FL 32905		3. Date Incorporated or Qualified 07/15/1993	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3190595 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		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 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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	D	☐ DELETE			
NAME	HOGAN, C L				
STREET ADDRESS	1915 CLEVELAND ST NE				
CITY-ST-ZIP	PALM BAY FL 32905				
TITLE	D	☐ DELETE			
NAME	HOGAN-COLLINS, CLARANIECE M				
STREET ADDRESS	414 SHAWNEE TRAIL				
CITY-ST-ZIP	CHATTANOOGA TN 37411				
TITLE	D	☐ DELETE			
NAME	RILEY, HARVEY L				
STREET ADDRESS	271 WAVECREST AVE NE				
CITY-ST-ZIP	PALM BAY FL 32905				
TITLE	D	☐ DELETE			
NAME	JONES, SANDRA N				
STREET ADDRESS	191 LANTERNBACK ISLAND DR				
CITY-ST-ZIP	TORTOISE ISLAND FL 32937				
TITLE	D	☐ DELETE			
NAME	RILEY, JOHNNIE M				
STREET ADDRESS	271 WAVECREST AVE NE				
CITY-ST-ZIP	PALM BAY FL 32905				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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: _____

[Signature] 1/5/98 (407) 724-1033

CR2E037 (10/97)