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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003272

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

07/15/1993

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

C. La Monte Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. La Monte Hogan, President
Date 12/30/98
Daytime Phone # (407) 768-0760

CR2E037 (1/98)