

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003272

FILED
Apr 22, 2008
Secretary of State

Entity Name: HELPING OTHERS OF PALM BAY, INC.

Current Principal Place of Business:

1915 CLEVELAND ST N.E.
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

1915 CLEVELAND ST N.E.
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-3190595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HOGAN, C L
Address: 1915 CLEVELAND ST NE
City-St-Zip: PALM BAY, FL 32905

Title: V () Delete
Name: HOGAN-COLLINS, CLARANIECE M
Address: 414 SHAWNEE TRAIL
City-St-Zip: CHATTANOOGA, TN 37411

Title: V () Delete
Name: RILEY, HARVEY L
Address: 5605 CYPRESS CREEK DR
City-St-Zip: GRANT, FL 32949

Title: S () Delete
Name: TYNES, SANDRA N
Address: 3680 FOUNTAINBLEAU BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete
Name: RILEY, JOHNNIE M
Address: 5605 CYPRESS CREEK DR
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. LA MONTE HOGAN

CP

04/22/2008

Electronic Signature of Signing Officer or Director

Date