

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004575 (6)

1. Corporation Name

HELPING INMATES HELP THEMSELVES FOUNDATION, INC.



Principal Place of Business

**5215 BUCKEYE ROAD
PALMETTO FL**

Mailing Address

**5215 BUCKEYE ROAD
PALMETTO FL**

3. Date Incorporated or Qualified
09/16/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3269752

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23

28

Zip

Country

Zip

Country

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

**FLETCHER, GERALD E
5215 BUCKEYE ROAD
PALMETTO FL**

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 **FLETCHER, GERALD E**
STREET ADDRESS **5215 BUCKEYE ROAD**
CITY-ST-ZIP **PALMETTO FL**

11 TITLE ☐ Change ☐ Addition

12 NAME **P/T/T Fletcher, Gerald E.**

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **GREEN, JOHN A SR.**
STREET ADDRESS **1805 10TH AVE. N.**
CITY-ST-ZIP **PALMETTO FL 34221**

21 TITLE ☐ Change ☐ Addition

22 NAME **G/T Green, John A. Sr.**

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **LICHT, DELLA J**
STREET ADDRESS **2215 KISSIMMEE PARK RD.**
CITY-ST-ZIP **ST. CLOUD FL 34769**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **CUMPER, GERALD G. F**
STREET ADDRESS **5215 BUCKEYE ROAD**
CITY-ST-ZIP **PALMETTO FL**

41 TITLE ☐ Change ☐ Addition

42 NAME **V/T Cumper, Gerald G.F.**

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **POPE, ROBERT W**
STREET ADDRESS **2037 1ST AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

51 TITLE ☐ Change ☐ Addition

52 NAME **T Pope, Robert W.**

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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:

Gerald E. Fletcher President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gerald E. Fletcher

1-23-96 (941) 722-2658
Date Daytime Phone #

CR2E037 (12/95)