

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000004109

1. Entity Name

WORLD HELP INTERNATIONAL, INC.



Principal Place of Business

**2254 N.W. 81 TERR
SUNRISE FL 33322**

Mailing Address

**2254 N.W. 81 TERR
SUNRISE FL 33322**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0282742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNK, ARTHUR JR
2254 N.W. 81 TERR
SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and filed applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**U000000911081
05/07/08-80026-004 61.25**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DUNK, ARTHUR JR**
STREET ADDRESS **2254 N.W. 81 TERR**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **PD** ☐ Delete
NAME **DUNK, COREEN**
STREET ADDRESS **2254 N.W. 81 TERR**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **TD** ☐ Delete
NAME **BACHELOR, INGRID**
STREET ADDRESS **5122 NW 43RD AVE.**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **VPD** ☐ Delete
NAME **GORDON, CLYDE**
STREET ADDRESS **11500 N.W. 30 PL**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

4/17/08

(954)-803-813