

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 045 ****70.00

DOCUMENT # N96000000418

1. Corporation Name

FRANKLIN H.E.L.P. CENTER, INC.

Principal Place of Business

603 S JOHNSON ST
HAWTHORNE FL 32640
US

Mailing Address

P.O. BOX 2409
HAWTHORNE FL 32640

60/362 - 90006 - 45



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

59-3356853

Applied For

Not Applicable

City & State

23

Zip Country

City & State

28

Zip Country

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

FRANKLIN, JAMES G D
603 S JOHNSON STREET
HAWTHORNE FL 32640

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 *James G. Franklin Sr.*
Signature, typed or printed name of registered agent and title if applicable.

James G. Franklin Sr. Director
(NOTE: Registered Agent signature required when reinstating)

DATE

08-17-99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME FRANKLIN, JAMES G SR.
STREET ADDRESS 107 N.W. 3RD AVE
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ DELETE

NAME KING, JACQUELINE P
STREET ADDRESS 107 N.W. 3RD AVE
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ DELETE

NAME THOMAS, LUCILLE
STREET ADDRESS 107 N.W. 3RD AVE
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ DELETE

NAME FRANKLIN, BETTY R
STREET ADDRESS 107 N.W. 3RD AVE
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *James G. Franklin Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-17-99

Date

352-481-2963

Daytime Phone #

CR2E037 (5/99)