


FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005571 (2)**

1. Corporation Name

**HELPING HANDS FELLOWSHIP INC.**

Principal Place of Business

Mailing Address

**14127 US HWY 27 SOUTH  
SEBRING FL 33870**

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SEBRING FL 33870**

3. Date Incorporated or Qualified

**10/28/1996**

4. FEI Number

**65-0677638**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

**111 N. COMMERCE**

City & State

**SEBRING, FL**

Zip

**33870**

Country

**HIGHLANDS**

2a. Mailing Address

26

Suite, Apt. #, etc.

**PO BOX 447**

City & State

**SEBRING, FL**

Zip

**33870**

Country

**HIGHLANDS**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**JOHNSON, ANTHONY J  
1541 MULBERRY  
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81

Name

**ANTHONY J JOHNSON**

82

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

**1541 MULBERRY**

83

84

City

**LAKE PLACID**

FL

Zip Code

**33852**

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 officer 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	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, ANTHONY J</b>	1.2 NAME	
STREET ADDRESS	<b>1541 MULBERRY AVE.</b>	1.3 STREET ADDRESS	<b>SAME</b>
CITY - ST - ZIP	<b>LAKE PLACID FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, NEIL V</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1045 N/A</b>	2.3 STREET ADDRESS	<b>SAME</b>
CITY - ST - ZIP	<b>SEBRING FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, SANDRA M</b>	3.2 NAME	
STREET ADDRESS	<b>1541 MULBERRY AVE.</b>	3.3 STREET ADDRESS	<b>SAME</b>
CITY - ST - ZIP	<b>LAKE PLACID FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DELORES W</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1045 N/A</b>	4.3 STREET ADDRESS	<b>SAME</b>
CITY - ST - ZIP	<b>SEBRING FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/98**

Date

Daytime Phone # **941 699-5591**

0066371

CR2E037 (10/97)