

FILE NOW: FILING FEE IS \$61.25

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Jun 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002970 (8)

1. Corporation Name

HELPING FAMILIES IN CRISIS INC.



Principal Place of Business	Mailing Address
632 HILL DRIVE #G WEST PALM BEACH FL 33415	632 HILL DRIVE #G WEST PALM BEACH FL 33415

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	05/23/1997
4. FEI Number	65-0815613
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent
STARLING, OLA 832 HILL DRIVE #G WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
P. President	Ola Starling
STREET ADDRESS	832 Hill Dr. #G
CITY-ST-ZIP	West Palm Beach Fla. 33415
TITLE	NAME
T. Treasurer	Helma Graham
STREET ADDRESS	832 Hill Dr. #G
CITY-ST-ZIP	West Palm Beach Fl. 33415
TITLE	NAME
S. Secretary	Soyce Richardson
STREET ADDRESS	621 31st Street
CITY-ST-ZIP	West Palm Beach Fl. 33415
TITLE	NAME
	Patricia Wms.
STREET ADDRESS	12178 Sunset Blvd.
CITY-ST-ZIP	Royal Palm Beach Fla. 33411
TITLE	NAME
T. Treasurer	Earl Richardson
STREET ADDRESS	612 31st Street
CITY-ST-ZIP	West Palm Beach Fl. 33417
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Kimberly Gates
1.2 NAME	704 W. 3rd Street
1.3 STREET ADDRESS	Riviera Park Fla. 33404
1.4 CITY-ST-ZIP	
2.1 TITLE	Chevelle Hall
2.2 NAME	216 Gaston St.
2.3 STREET ADDRESS	Baynton Beach Fla. 33436
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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)(c) 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 _____ DATE 4/28/98/567129/28

CR2E037 (10/97)