

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90034 044 \*\*\*\*61.25

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1. Corporation Name

HELPING FAMILIES IN CRISIS INC.

Principal Place of Business

832 HILL DRIVE #G  
WEST PALM BEACH FL 33415

Mailing Address

832 HILL DRIVE #G  
WEST PALM BEACH FL 33415



2. Principal Place of Business

21 832 Hill Dr. #G W.P.B.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 832 Hill Dr. #G W.P.B.

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

65-0815613

65-0815613

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. 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

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

TITLE PD ☐ DELETE

NAME STARLING, OLA  
STREET ADDRESS 832 HILL DR #G  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE T ☐ DELETE

NAME GRAHAM, LETICA  
STREET ADDRESS 832 HILL DR #G  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE S ☐ DELETE

NAME RICHARDSON, JOYCE  
STREET ADDRESS 621 31ST STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE T ☐ DELETE

NAME RICHARDSON, EARL  
STREET ADDRESS 612 31ST STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE T ☐ DELETE

NAME GATES, KIMBERLY  
STREET ADDRESS 764 W. 3RD STREET  
CITY-ST-ZIP RIVIERA BCH FL 33404

TITLE T ☐ DELETE

NAME HALL, CHEVELLE  
STREET ADDRESS 216 GASTON CT  
CITY-ST-ZIP BOYNTON BCH FL 33436

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28/99 (561) 712-9138  
Date Daytime Phone #

CR2E037 (11/98)