

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002970

1. Entity Name

HELPING FAMILIES IN CRISIS INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90093 042 \*\*\*\*61.25

Principal Place of Business

832 HILL DRIVE #G  
WEST PALM BEACH FL 33415

Mailing Address

832 HILL DRIVE #G  
WEST PALM BEACH FL 33415-3775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0815613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARLING, OLA  
832 HILL DRIVE #G  
WEST PALM BEACH FL 33415

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (501)  
712-9138

CR2E037 (9/99)