

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003779

FILED
May 01, 2009
Secretary of State

Entity Name: HELPING EACH OF US LIVE PRODUCTIVELY, INC.

Current Principal Place of Business:

903 NE 25TH STREET
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 202
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3023019 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POWERS, PATRICIA J
903 NE 25TH STREET
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BMGR () Delete
Name: POWERS, PATRICIA J
Address: P.O. BOX 202
City-St-Zip: GAINESVILLE, FL 32602

Title: 1VP () Delete
Name: JACKSON, VENUS
Address: 900 OTIS STREET
City-St-Zip: LAKE CITY, FL 32055

Title: 2VP () Delete
Name: WILLIAMS, PAULINE
Address: 628 NE 13TH STREET
City-St-Zip: GAINESVILLE, FL 32602

Title: S () Delete
Name: MILLER, CAROLYN
Address: 12370 NE 103RD TERRACE
City-St-Zip: GAINESVILLE, FL 32602

Title: ABM () Delete
Name: JOHNSON, CATHERINE A
Address: P.O. BOX 202
City-St-Zip: GAINESVILLE, FL 32602

Title: P () Delete
Name: MCGLON, TISHA
Address: 814 N.W. 4TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J. POWERS

BMGR

05/01/2009

Electronic Signature of Signing Officer or Director

Date