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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007170 (0)

1. Corporation Name

HELPING OUR PUBLIC EDUCATION CORPORATION



Principal Place of Business

Mailing Address

697 COUNTY ROAD 25
BUNNELL FL 32110

P.O. BOX 1896
BUNNELL FL 32110

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

59-3486628

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

ROBERTS, TANCE E
303 E. MOODY BLVD.
BUNNELL FL 32110

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME Tami Salterds
STREET ADDRESS P.O. BOX 2011, 697 C.R. 25
CITY-ST-ZIP Bunnell, FL 32110

1.1 TITLE P
1.2 NAME Tami Salterds
1.3 STREET ADDRESS P.O. BOX 2011, 697 C.R. 25
1.4 CITY-ST-ZIP Bunnell, FL 32110

TITLE D
NAME Diantha Majewski
STREET ADDRESS 9 Uline Pl.
CITY-ST-ZIP Palm Coast, FL 32137

2.1 TITLE V
2.2 NAME Diantha Majewski
2.3 STREET ADDRESS 9 Uline Pl.
2.4 CITY-ST-ZIP Palm Coast, FL 32137

TITLE D
NAME Marcy Bentley
STREET ADDRESS Star Rt. Box 1131
CITY-ST-ZIP Bunnell, FL 32110

3.1 TITLE S
3.2 NAME Marcy Bentley
3.3 STREET ADDRESS Star Rt. Box 1131
3.4 CITY-ST-ZIP Bunnell, FL 32110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T
4.2 NAME Diantha Majewski
4.3 STREET ADDRESS 9 Uline Pl.
4.4 CITY-ST-ZIP Palm Coast, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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 4/198 941,427,9717

CR2E037 (10/97)