## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 17, 2002 8:00 am Secretary of State

Secretary of State DOCUMENT # **N98000005187** 1. Entity Name 05-27-2002 90303 040 \*\*\*\*61.25 HELPS COMMUNITY DEVELOPMENT CENTER, INC. Principal Place of Business Mailing Address 93239 1590 27TH AVE. 1590 27TH AVE. VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3544251 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) JACKSON-LEE, RAYE DR. 1590-27TH AVENUE 1085 Operral VERO BEACH FL 82980 8. The above named entity submits His statement for the purpose of changing its registered of ice or registered agent, or both, in the state of Fiorida d Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Added to Fees Make Check Payable to Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Change JACKSON, ELIZABETH DR. NAME NAME 1025 70 begge 2711 6. HARBOR CITY BLVD: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE ☐ Delete TITLE Z Change ☐ Addition JACKSON, THOMAS DR. NAME NAME STREET ADDRESS 8711 S. HARBOR CITY BLVD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE Delete TITLE Addition JAMES, VIVIENNE NAME NAME STREET ADDRESS 2711 S. HARBOR CITY BLVD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME 090 Denac-e STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 receive 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.

SIGNATURE: