

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000644

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE FAMILY HELP SERVICES, INC.

Current Principal Place of Business:

2810 LINDEN TREE STREET
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

2810 LINDEN TREE STREET
SEFFNER, FL 33584

New Mailing Address:

POST OFFICE BOX 1205
SEFFNER, FL 33583 12

FEI Number: 26-1670340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, EMMA A
2810 LINDEN TREE STREET
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

BLACKWELDER, EMMA M
2810 LINDEN TREE STREET
SEFFNER, FL 33584 US

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: EMMA M. BLACKWELDER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P S () Delete
Name: JACOBS, ARLENE E
Address: 1202 LAKE VALRICO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: VP T () Delete
Name: MORAN, EMMA A
Address: 2810 LINDEN TREE STREET
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP T (X) Change () Addition
Name: BLACKWELDER, EMMA M
Address: 2810 LINDEN TREE STREET
City-St-Zip: SEFFNER, FL 33584

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMA M. BLACKWELDER

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date