

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09162

Entity Name: HELP OF FORT MEADE, INC.**Current Principal Place of Business:**27 W. BROADWAY
FORT MEADE, FL 33841**Current Mailing Address:**27 W. BROADWAY
FORT MEADE, FL 33841 US**FEI Number:** 59-2993886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORNELIUS, CLINTON
202 W. BROADWAY
FORT MEADE, FL 33841 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:** CLINTON CORNELIUS

03/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CORNELIUS, CLINTON
Address 510 S CHARLESTON AVE
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name WHITNER, SUZIE
Address 407 LANIER ROAD
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name WEEMS, LISA
Address 2955 US HWY 98 EAST
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name WILLIAMS, PHILLIP
Address 10 S SEMINOLE AVE
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name WRIGHT, AISHA
Address 27 W. BROADWAY
City-State-Zip: FORT MEADE FL 33841

Title VP
Name CAMP, ANDRE
Address 107 W BROADWAY
City-State-Zip: FORT MEADE FL 33841

Title SECRETARY
Name FRANKLIN, RUBY
Address 510 S CHARLESTON AVE
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name BALDWIN, LORRAINE
Address 135 E BROADWAY ST
City-State-Zip: FORT MEADE FL 33841

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: CLINTON CORNELIUS

PRESIDENT

03/04/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BONEY, BRENDA
Address	506 S SEMINOLE AVE
City-State-Zip:	FORT MEADE FL 33841