

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT *AS*
1995 *5-1-95*



FLORIDA DEPARTMENT OF STATE
3-5747
Janice B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS
XC

APPROVED
AND
FILED

65 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766698** (5)
1. Corporation Name
ENGLEWOOD HELPING HAND, INC.

Principal Place of Business Mailing Address
**700 E. DEARBORN ST.
ENGLEWOOD FL 34223
US** **P.O. BOX 791
ENGLEWOOD FL 34295-0791**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/26/1983** 3a. Date of Last Report **05/17/1994**

4. FEI Number **59-2259063** Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEBER, CALVIN
9363 ST. CATHERINE AVE.
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent
81 Name *McCullough, Mary M.*
82 Street Address (P.O. Box Number is Not Acceptable) *7177 BARGELLO STREET*
83
84 City *Englewood* FL 85 Zip Code *34224*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mary M. McCullough TD* *Mary M. McCullough* *4/25/95*
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARKE, MARTHA
STREET ADDRESS	1 N. FLORA VISTA
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	VPD
NAME	HOMIK, JANE
STREET ADDRESS	7084 TUXEDO ST
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	SD
NAME	MCCULLOUGH, MOLLY
STREET ADDRESS	7177 BARGELLO ST
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	TD
NAME	WEBER, CALVIN
STREET ADDRESS	9363 ST CATHERINE AVE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	DUNFORD, JOYCE
STREET ADDRESS	929 SUNCREST LANE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	<i>SD Eldon, Doris</i>
3 3 STREET ADDRESS	<i>5099 Latham Terrace</i>
3 4 CITY - ST - ZIP	<i>Port Charlotte FL 33981</i>
4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	<i>TD McCullough, Mary M</i>
4 3 STREET ADDRESS	<i>7177 BARGELLO STREET</i>
4 4 CITY - ST - ZIP	<i>Englewood FL 34224</i>
5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	<i>D Swanson, Dorine</i>
5 3 STREET ADDRESS	<i>18 Church Street</i>
5 4 CITY - ST - ZIP	<i>Englewood FL 34224</i>
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary M. McCullough* *Mary M. McCullough* *4/25/95* *813-475-6474*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR