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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



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

3. Date Incorporated or Qualified: 01/26/1983
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

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

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

9. Name and Address of Current Registered Agent
MCCULLOUGH, MARY M
7177 BARGELLO STREET
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent
#1 Name
#2 Street Address (P.O. Box Number is Not Acceptable)
#3
#4 City FL #5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOMIK, JANE	
STREET ADDRESS	7084 TUXEDO STREET	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SONNENBERG, BETSY	
STREET ADDRESS	10 SPORTMAN ROAD	
CITY - ST - ZIP	ROTONDA WEST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELDON, DORIS	
STREET ADDRESS	5099 LATHAM TERRACE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCULLOUGH, MARY M	
STREET ADDRESS	7177 BARGELLO STREET	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, DORINE	
STREET ADDRESS	18 CHURCH STREET	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Huffman, Debbie
5.3 STREET ADDRESS	146 Caddy Road
5.4 CITY - ST - ZIP	Rotonda West, FL 33947
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 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: *Mary M. McCullough* *Mary M. McCullough* 3/20/97 941-478-6674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084830

CR2E037 (9/96)