


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766698**  
 1. Entity Name  
 ENGLEWOOD HELPING HAND, INC.



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

**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2259063  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST ZIP	PD HOIVIK, JANE 7084 TUXEDO STREET ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST ZIP	VD SONNENBERG, BETSY 10 SPORTMAN ROAD ROTONDA WEST, FL
TITLE NAME STREET ADDRESS CITY-ST ZIP	TD MCCULLOUGH, MARY M 7177 BARGELLO STREET ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST ZIP	SD SIMMONS, ELIZABETH 579 SPRUCE ST ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST ZIP	SD LIDDLE, BARBARA 736 SUMMERSEA COURT ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST ZIP	

1000000245037  
 02/28/05-80008-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 receiver 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 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Mary M McCullough 2/24/05 941-474-5864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, no Phone #