



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 766698 1. Entity Name ENGLEWOOD HELPING HAND, INC.	
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Principal Place of Business 700 E. DEARBORN ST. ENGLEWOOD, FL 34223 US	Mailing Address PO BOX 791 ENGLEWOOD, FL 34295-0791 US
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2259063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCULLOUGH, MARY M
7177 BARGELLO STREET
ENGLEWOOD, FL 34224**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

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

U00000601877
01/26/07-80067-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOVIK, 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 HODGDON, SHARON 134 MARINER LANE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Mary M McCullough 941-475-6674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer 1/19/07 Daytime Phone #