

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766698

FILED
May 01, 2010
Secretary of State

Entity Name: ENGLEWOOD HELPING HAND, INC.

Current Principal Place of Business:

700 E. DEARBORN ST.
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 791
ENGLEWOOD, FL 342950791 US

New Mailing Address:

FEI Number: 59-2259063 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPURGEON, JUDY E
6358 SPINNAKER BLVD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ANDERSON, VIRGINIA
Address: 22 MEDALIST COURT
City-St-Zip: ROTONDA, FL 33947

Title: VD
Name: FOSTER, TERESA REV
Address: 243 ROTONDA BLVD EAST
City-St-Zip: ROTONDA WEST, FL 33947

Title: TD
Name: SPURGEON, JUDY E
Address: 6358 SPINNAKER BLVD
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD
Name: SIMMONS, ELIZABETH
Address: 579 SPRUCE ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD
Name: DUCKWORTH, LAREINE
Address: 10030 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 33224

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: JUDY E SPURGEON

TD

05/01/2010

Electronic Signature of Signing Officer or Director

_____ Date