


02-12-2003 90137 001 ***183.75

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**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO1000006424 1. Entity Name HELPING HANDS FOOD, INC.			
Principal Place of Business 2055 MERCY DRIVE ORLANDO FL 32808-5629		Mailing Address 2055 MERCY DRIVE ORLANDO FL 32808-5629	
2. Principal Place of Business 2011 Mercy Drive Suite, Apt. #, etc.		3. Mailing Address 2011 Mercy Drive Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32808		Zip 32808	
Country USA		Country USA	
4. FEI Number 59-3366721		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTANTINO, FRANK 2055 MERCY DRIVE ORLANDO FL 32808-5629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, BISHOP FRANK 2055 MERCY DRIVE ORLANDO FL 32808-5629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Costantino, Bishop Frank 2011 Mercy Drive Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO-BROWN, LORI 2055 MERCY DRIVE ORLANDO FL 32808-5629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Costantino-Brown, Lori 2011 Mercy Drive Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHARLES 2055 MERCY DRIVE ORLANDO FL 32808-5629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Charles 2011 Mercy Drive Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *Signature of Lori Costantino-Brown* **2/6/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (10/02)