

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010679

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: HELPING HANDS SENIORS SERVICES, INC.

**Current Principal Place of Business:**

38054 LAWANDA LOOP  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

5028 19TH STREET  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

38054 LAWANDA LOOP  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

5028 19TH STREET  
ZEPHYRHILLS, FL 33542

FEI Number: 51-0613341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DP ( ) Delete  
Name: HILLMAN, JEANINE  
Address: 38054 LAWANDA LOOP  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DVT ( ) Delete  
Name: HILMAN, LARRY  
Address: 38054 LAWANDA LOOP  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DS ( ) Delete  
Name: SCOTT, GABRIELE  
Address: 9063 ELLIOTT CIRCLE  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HILLMAN, JEANINE  
Address: 5028 19TH STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DVT (X) Change ( ) Addition  
Name: HILMAN, LARRY  
Address: 5028 19TH STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEANINE HILLMAN

DP

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date