

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010679

FILED
Mar 09, 2009
Secretary of State

Entity Name: HELPING HANDS SENIORS SERVICES, INC.

Current Principal Place of Business:

5028 19TH STREET
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

5028 19TH STREET
ZEPHYRHILLS, FL 33542

New Mailing Address:

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: 5028 19TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

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

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

Title: DS (X) Change () Addition
Name: SCOTT, GABRIELE
Address: 8414 CRYSTAL HARBOUR DRIVE, #101
City-St-Zip: TAMPA, FL 33615

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

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date