

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002613

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** HELPING HANDS DEPOT, INC.

**Current Principal Place of Business:**

7029 COMMONWEALTH AVE  
SUITE 10  
JACKSONVILLE, FL 32220 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2056  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

**FEI Number:** 45-0605078      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NIGHTINGALE, TERRI C  
40 EAST 19TH STREET  
JACKSONVILLE, FL 32206 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:** P/D  
**Name:** NIGHTINGALE, JESSIE L JR.  
**Address:** 40 EAST 19TH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206 US

**Title:** VP/D  
**Name:** MUSE, KAREN  
**Address:** 7029 COMMONWEALTH AVE SUITE 10  
**City-St-Zip:** JACKSONVILLE, FL 32220 US

**Title:** T/D  
**Name:** HASLEM, LEVASIYEA L  
**Address:** 7029 COMMONWEALTH AVE SUITE 10  
**City-St-Zip:** JACKSONVILLE, FL 32220 US

**Title:** D  
**Name:** WATSON, SECOND S  
**Address:** 7029 COMMONWEALTH AVE SUITE 10  
**City-St-Zip:** JACKSONVILLE, FL 32220 US

**Title:** D  
**Name:** NIGHTINGALE, TERRI C  
**Address:** 40 EAST 19TH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32206 US

**Title:** D  
**Name:** EDWARDS, DIIYA  
**Address:** 7029 COMMONWEALTH AVE SUITE 10  
**City-St-Zip:** JACKSONVILLE, FL 32220 US

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: LEVASIYEA L. HASLEM

T/D

04/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date