

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766698

FILED
Mar 17, 2021
Secretary of State
2380628732CC

Entity Name: ENGLEWOOD HELPING HAND, INC.

Current Principal Place of Business:

700 E. DEARBORN ST.
ENGLEWOOD, FL 34223

Current Mailing Address:

PO BOX 791
ENGLEWOOD, FL 34295-0791 US

FEI Number: 59-2259063

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICE, AUDREY
1175 CAPLES STREET
ENGLEWOOD, FL 34223 US

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: AUDREY RICE

03/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANDERSON, GINNY
Address 22 MEDALIST CT
City-State-Zip: ROTONDA WEST FL 33947

Title TREASURER
Name RICE , AUDREY
Address 1175 CAPLES ST.
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name BRUEMLEVE, KIM
Address 14010 SAN DOMINGO BLVD
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name SANDNESS, MARGERY
Address 115 BERYL DR
City-State-Zip: ROTONDA WEST FL 33947

Title VP
Name BIRKY, LIBBY
Address 606 W PERRY STREET
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name SCHUMACHER, JUDE
Address 339 FALLING WATERS LANE
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name BUTLER, BERYL
Address 9365 FRUITLAND AVE.
City-State-Zip: ENGLEWOOD FL 34223

Title SECRETARY
Name HARVEY, KAREN
Address 12 PINE VALLEY LANE.
City-State-Zip: ROTONTA WEST FL 33947

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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: AUDREY RICE

TREASURER

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RENNIE, MARK
Address 1625 LEMON AVE
City-State-Zip: ENGLEWOOD FL 34223