

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766698

**FILED  
Mar 22, 2020  
Secretary of State  
2841697983CC**

**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:** Yes

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

RENNIE, MARK A  
1625 LEMON AVE  
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:** MARK RENNIE

03/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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            HODAS, CYNTHIA  
Address        1601 DAVID PLACE  
City-State-Zip: ENGLEWOOD FL 34223

Title            DIRECTOR  
Name            SANDNESS, MARGERY  
Address        2960 TOWHEE ST  
City-State-Zip: ENGLEWOOD FL 34224

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

Title            DIRECTOR  
Name            HARVEY, KAREN  
Address        12 PINE VALLEY LN. RWEST 33947  
City-State-Zip: ROTONDA WEST FL

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

**Continues on page 2**

*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:** MARK RENNIE

**PRESIDENT**

03/22/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title           SECRETARY  
Name           CHATTINGER, APRIL  
Address        15416 ARIBE AVE.  
City-State-Zip: PORT CHARLOTTE FL