

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766698

**FILED**  
**Jan 16, 2023**  
**Secretary of State**  
**6445636808CC**

**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:**

WELLBAUM EMERY, LORI ESQ.  
686 N. INDIANA 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:** LORI WELLBAUM EMERY

01/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            TREASURER  
Name            CAFFERTY, SEAN  
Address        10013 CORAL SHORE DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title            DIRECTOR  
Name            CALABRO, PAUL  
Address        12240 CAVESE LANE  
City-State-Zip: VENICE FL 34293

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

Title            DIRECTOR  
Name            HALSTEAD, BRYAN  
Address        313 N OXFORD DR  
City-State-Zip: ENGLEWOOD FL 34223

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

Title            SECRETARY  
Name            ALLEN-EMRICH, ELAINE  
Address        5662 GABO ROAD  
City-State-Zip: NORTH PORT FL 34287

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

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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:** SEAN CAFFERTY

**TREASURER**

01/16/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LEWIS, CRAIG  
Address        251 TALQUIN COURT  
City-State-Zip: ENGLEWOOD FL 34223