

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766698

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:

SPURGEON, JUDY E
6358 SPINNAKER BLVD
ENGLEWOOD, FL 34224 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name SPURGEON, JUDY E
Address 6358 SPINNAKER BLVD
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name SIMPSON, KATIE
Address 1134 MARTIN DRIVE
City-State-Zip: ENGLEWOOD FL 34224

Title PRESIDENT
Name MIHALEY, LORI-NAN
Address 741 W. PERRY STREET
City-State-Zip: ENGLEWOOD FL 34223

Title VP
Name NANZ, GARY
Address 715 RIVERVIEW CIRCLE
City-State-Zip: NORTH PORT FL 34287

Title TREASURER
Name ROSEMEYER-OLSON, LAURIE
Address 571 FOXWOOD BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name GARRISON, CHRISTINE
Address 2191 KEYWAY ROAD
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name WHIPPLE, DALE
Address 1047 KANT STREET
City-State-Zip: ENGLEWOOD FL 34224

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: JUDY E SPURGEON

DIRECTOR

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date