

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766698

**FILED  
Mar 15, 2016  
Secretary of State  
CC4274708290**

**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:**

ROSEMEYER, LAURA L  
571 FOXWOOD BLVD  
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:** LAURA ROSEMEYER

03/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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 TREASURER  
Name ROSEMEYER, LAURA  
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

Title RECORDING SECRETARY  
Name HIPPS, ROSE  
Address 700 DEARBORN ST  
City-State-Zip: ENGLEWOOD FL 34223

*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:** LAURA ROSEMEYER

**TREASURER**

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date