

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003288

**Entity Name:** BOCA HELPING HANDS, INC.**Current Principal Place of Business:**1500 NW 1ST CT.  
BOCA RATON, FL 33432**Current Mailing Address:**1500 NW 1ST CT.  
BOCA RATON, FL 33432**FEI Number: 31-1713631****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI (DAG)  
525 OKEECHOBEE BLVD.  
SUITE 1100  
WEST PALM BEACH, FL 33401 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	D/T
Name	JAIVEN, JACK
Address	3912 SOUTH OCEAN BLVD, #1114
City-State-Zip:	HIGHLAND BEACH FL 33487

Title	D/V
Name	SHAW, ERIC DR.
Address	500 SOUTH OCEAN BLVD, #2105
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	TROADEC, ALAIN
Address	830 SE 4TH COURT
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	DIRECTOR
Name	PATRICIA, DAMRON
Address	2038 THATCH PALM DRIVE NONE
City-State-Zip:	BOCA RATON FL 33432

Title	D/P
Name	PETERS, GARY
Address	6013 LE LAC ROAD
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	BROCKWAY, PETER
Address	443 ROYAL PALM WAY NONE
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	ROBINSON, TANDY
Address	503 OLEANDER DRIVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	HAGEN, ANDREW
Address	7000 NW 5TH AVENUE NONE
City-State-Zip:	BOCA RATON FL 33487

**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: GARY PETERS****PRES****03/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BORG, DEAN  
Address 4880 HUNTERS WAY  
NONE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name PECHTER, ZACHARY  
Address 470 NE 5TH AVE  
APT 3702  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name COOMBS, RON  
Address 2920 NW 26TH COURT  
NONE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name JONES, PEGGY  
Address 754 CAMINO LAKES CIRCLE  
City-State-Zip: BOCA RATON FL 33486