

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003288

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC9147852964**

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

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

Title DIRECTOR  
Name BROCKWAY, PETER  
Address 443 ROYAL PALM WAY  
NONE  
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 ROBINSON, TANDY  
Address 503 OLEANDER DRIVE  
City-State-Zip: DELRAY BEACH FL 33483

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

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: JACK JAIVEN**

**TREASURER**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAZLE, GREGORY  
Address 4453 WOODFIELD BLVD.  
NONE  
City-State-Zip: BOCA RATON FL 33434

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

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

Title DIRECTOR  
Name SCOTT, MARC  
Address 1877 S FEDERAL HWY  
310  
City-State-Zip: BOCA RATON FL 33432