

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010999

Entity Name: OPERATION HELPING HAND, INC.**Current Principal Place of Business:**2031 NICHOLAS VOLLMER WAY
TAMPA, FL 33612**Current Mailing Address:**P.O. BOX 270246
TAMPA, FL 33618**FEI Number:** 51-0611866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SZYDLOWSKI, WILLIAM J
2402 SILVER FORREST LANE
LUTZ, FL 33549 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 SOUTH, THOMAS CW2, USA, RET
Address 12401 N. 22ND ST E502
City-State-Zip: TAMPA FL 33612

Title CHAIRMAN
Name GRIFFIN, JAMES LTC, USA, RET
Address 2031 NICHOLAS VOLLMER WAY
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name MARKEE, LOUIS R.
Address 2512 AYERS HILL COURT
City-State-Zip: LUTZ FL 33559

Title TREASURER
Name SZYDLOWSKI, WILLIAM J
Address 2402 SILVER FORREST LANE
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name SAWALLESH, ROBERT F. LTC, USA, RET
Address 2541 BRIMHOLLOW DRIVE
City-State-Zip: VALRICO FL 33596

Title DIRECTOR
Name SCHNEIDER, BILL COL, USA, RET
Address 15888 SANCTUARY DRIVE
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name NIELSEN, DICK
Address 5020 WEST LINEBAUGH AVE
SUITE 100
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name RICHARD, JEANNE CAROLE LTCOL, USAF, RET
Address 1223 FOGGY RIDGE PKWY
City-State-Zip: LUTZ FL 33559

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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: WILLIAM JOHN SZYDLOWSKI**TREASURER****03/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHORDAS, KAROL
Address 334 CINDY LN
City-State-Zip: BRANDON FL 33510

Title DIRECTOR
Name LANE, THOMAS DR.
Address 1323 W. FLETCHER AVE.
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name AHERN, ROBERT J
Address 8870 N. HIMES
#160
City-State-Zip: TAMPA FL 33614

Title DIRECTOR
Name MANNING, LARRY
Address 4626 AVENUE LONGCHAMPS
City-State-Zip: LUTZ FL 33558