

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010999

Entity Name: OPERATION HELPING HAND, INC.**Current Principal Place of Business:**OFFICER"S CLUB MACDILL AIR FORCE BASE
MACDILL AFB, FL 33608-0383**Current Mailing Address:**PO BOX 6383
MACDILL AFB, FL 33608-0383**FEI Number: 51-0611866****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SZYDLOWSKI, WILLIAM J
13028 WHISPER SOUND DRIVE
TAMPA, FL 33618 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 DP
Name SILAH, ROBERT J
Address 5022 BAROWE DRIVE
City-State-Zip: TAMPA FL 33624

Title D
Name SOUTH, THOMAS
Address 12401 N. 22ND ST E502
City-State-Zip: TAMPA FL 33612

Title D
Name DVORNIK, DONALD F
Address 52 ASTER STREET
City-State-Zip: CLEARWATER BEACH FL 33767

Title DIRECTOR
Name MARKEE, ROBERT
Address P.O. BOX 2617
City-State-Zip: LUTZ FL 33548

Title TREASURER
Name SZYDLOWSKI, WILLIAM J
Address 13028 WHISPER SOUND DRIVE
City-State-Zip: TAMPA FL 33618

Title D
Name FARROW, BILL J
Address 8517 WOODHURST DR
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name GRIFFIN, JAMES
Address 712 S. EDISON AVENUE
City-State-Zip: TAMPA FL 33606

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 SZYDLOWSKI**TREASURER****04/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date