

2016 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:**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
10812 ASHFORD OAKS DRIVE
TAMPA, FL 33625 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 33624Title D
Name SOUTH, THOMAS
Address 12401 N. 22ND ST E502
City-State-Zip: TAMPA FL 33612Title D
Name FARROW, BILL J
Address 8517 WOODHURST DR
City-State-Zip: TAMPA FL 33615Title D
Name DVORNIK, DONALD F
Address 52 ASTER STREET
City-State-Zip: CLEARWATER BEACH FL 33767Title DIRECTOR
Name GRIFFIN, JAMES
Address 712 S. EDISON AVENUE
City-State-Zip: TAMPA FL 33606Title DIRECTOR
Name MARKEE, ROBERT
Address P.O. BOX 2617
City-State-Zip: LUTZ FL 33548Title T
Name SZYDLOWSKI, WILLIAM J
Address 10812 ASHFORD OAKS DRIVE
City-State-Zip: TAMPA FL 33625

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 J SZYDLOWSKI**TREASURER****01/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date