2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2024
Secretary of State
3827849581CC

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

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

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

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 02/04/2024

Electronic Signature of Signing Officer/Director Detail — Date