

2014 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 270246
TAMPA, FL 33618 US**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 J. SZYDLOWSKI**02/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date