

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002613

**Entity Name:** HELPING HANDS DEPOT, INC.

**Current Principal Place of Business:**

7029 COMMONWEALTH AVE  
SUITE 10  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

P.O. BOX 2056  
JACKSONVILLE, FL 32203 US

**FEI Number:** 45-0605078

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HASLEM, LEVASIYEA L  
7136 COTTON BEND CT  
JACKSONVILLE, FL 32220 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:** LEVASIYEA HASLEM

04/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name NIGHTINGALE, JESSIE LJR.  
Address 40 EAST 19TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title VP/D  
Name MUSE, KAREN  
Address 7029 COMMONWEALTH AVE SUITE 10  
City-State-Zip: JACKSONVILLE FL 32220

Title T/D  
Name HASLEM, LEVASIYEA L  
Address 7029 COMMONWEALTH AVE SUITE 10  
City-State-Zip: JACKSONVILLE FL 32220

Title D  
Name WATSON, SAMUEL  
Address 7029 COMMONWEALTH AVE SUITE 10  
City-State-Zip: JACKSONVILLE FL 32220

*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:** LEVASIYEA HASLEM

**DIRECTOR**

04/08/2023

Electronic Signature of Signing Officer/Director Detail

Date