

2015 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:

NIGHTINGALE, TERRI C
40 EAST 19TH STREET
JACKSONVILLE, FL 32206 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 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

Title D
Name NIGHTINGALE, TERRI C
Address 40 EAST 19TH STREET
City-State-Zip: JACKSONVILLE FL 32206

Title D
Name EDWARDS, DIIYA
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

TREASURER

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date