

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006171

**Entity Name:** HELPING HANDS OF BROWARD, INC**Current Principal Place of Business:**4110 N PINE ISLAND ROAD  
APT # 219  
SUNRISE, FL 33351**Current Mailing Address:**PO BOX 26501  
FORT LAUDERDALE , FL 33320 US**FEI Number: 81-2995553****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNDERWOOD, CHARLOTTE A  
4110 NW 88 AVENUE  
# 219  
SUNRISE, FL 33351 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:** CHARLOTTE A. UNDERWOOD**01/27/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                    |
|-----------------|------------------------------------|
| Title           | CEO/PRESIDENT                      |
| Name            | UNDERWOOD, CHARLOTTE A             |
| Address         | 4110 N PINE ISLAND ROAD<br>APT 219 |
| City-State-Zip: | SUNRISE FL 33351                   |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | PERRY, QUINCY D     |
| Address         | 8040 NW 15 STREET   |
| City-State-Zip: | PLANTATION FL 33322 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | BROWN, MARKES               |
| Address         | 1408 NW 3RD STREET<br>APT 3 |
| City-State-Zip: | FORT LAUDERDALE FL 33311    |

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR                      |
| Name            | TURNER, ANNETTE               |
| Address         | 2331 NW 119 STREET<br>APT 207 |
| City-State-Zip: | MIAMI FL 33167                |

|                 |                            |
|-----------------|----------------------------|
| Title           | DIRECTOR                   |
| Name            | WALLACE, JANICE            |
| Address         | 11710 NOVAJO STANDSTONE ST |
| City-State-Zip: | RIVERVIEW FL 33579         |

*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:** CHARLOTTE UNDERWOOD**PRESIDENT/CEO****01/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date