


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90126 002 ****61.25

DOCUMENT # 706229 1. Entity Name HELPING HAND DAY NURSERY, INC.					
Principal Place of Business 6406 N 432RD STREET TAMPA, FL 33610			Mailing Address 6406 N 432RD STREET TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0724461	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KNIGHT, PETER 115 LINCOLN AVE TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD BRADY, STEPHANIE 606 SOUTH BLVD. TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	mbr Brady, Stephanie Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD KNIGHT, PETER 115 LINCOLN AVE TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD Nunn, Arnetta 4201 E Seward St Tampa FL 33617 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MBR NYE, VANESSA 1718 E 7TH AVE TAMPA, FL 33605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	mbr Laurain, Colleen 9619 Ashwood Ave Tampa, FL 33605 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MD WALKER, VICKI 500 W PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	mbr Lockhart, Ito 17623 E Sprite Drive Tampa, FL 33647 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MD LOCKHART, ANGELA 17623 E. SPRITE DRIVE TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	mbr Owens, James 1718 E. 7th Ave Suite 201 Tampa, FL 33605 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP RANDOLPH, JAMES 1817 LAKE CREST AVE. BRANDON, FL 335102256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	mbr Green, Angela 6406 N 432RD Street Tampa, FL 33610 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Angela M. Green</i> <i>Angela M. Green</i> 7/11/07 (813)622-7500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					