2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# 706229

Entity Name: HELPING HAND DAY NURSERY, INC.

Current Principal Place of Business:

7402 N. 56TH STREET
880
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

PO BOX 11495
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-0724461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, PETER
115 LINCOLN AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: GREEN, ANGELA M
Address: 4201 E 98TH AVE
City-St-Zip: TAMPA, FL 33617

Title: PD
Name: KNIGHT, PETER
Address: 115 LINCOLN AVE
City-St-Zip: TAMPA, FL 33609

Title: MBR
Name: NYE, VANESSA
Address: 1718 E 7TH AVE
City-St-Zip: TAMPA, FL 33605

Title: MD
Name: WALKER, VICKI
Address: 500 W PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: TD
Name: NUNN, ARNETHA
Address: 4201 E SEWAHA ST
City-St-Zip: TAMPA, FL 33617

Title: VP
Name: RANDOLPH, JAMES
Address: 1817 LAKE CREST AVE.
City-St-Zip: BRANDON, FL 335102256

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: ANGELA GREEN D 04/01/2010

Electronic Signature of Signing Officer or Director — Date