

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 28 AM 8:57

DOCUMENT # 734027 (6)

1. Corporation Name

SAINT LUCIE COUNTY HELPING HAND NEIGHBORS, INC.

Principal Place of Business

Mailing Address

**809 NORTH 9TH STREET
FORT PIERCE FL 34950**

**809 NORTH 9TH STREET
FORT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1724444

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABBOTT, HELEN
11211 INDIAN RVR DR
FORT PIERCE FL 34950**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ABBOTT, HELEN
STREET ADDRESS	11211 INDIAN RVR DR
CITY - ST - ZIP	FT. PIERCE FL
TITLE	FVP
NAME	BROWN, CLARENCE
STREET ADDRESS	3103 AVE R
CITY - ST - ZIP	FT. PIERCE FL
TITLE	SVP
NAME	HANSON, BARBARA
STREET ADDRESS	5339 EMERSON AVE
CITY - ST - ZIP	FT. PIERCE FL
TITLE	T
NAME	CARMAN, BOB
STREET ADDRESS	2400 S OCEAN DRIVE
CITY - ST - ZIP	FT. PIERCE FL
TITLE	P
NAME	ABBOTT, HELEN
STREET ADDRESS	11311 INDIAN RIVER DR
CITY - ST - ZIP	FT. PIERCE FL
TITLE	D
NAME	MCDONALD, BERTHA
STREET ADDRESS	P.O. BOX 81 N/A
CITY - ST - ZIP	FT. PIERCE FL

11 TITLE	☐ Change ☒ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	(ZIP) 34982
21 TITLE	☐ Change ☒ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	(ZIP) 34947
31 TITLE	☒ Change ☐ Addition
32 NAME	T
33 STREET ADDRESS	CARMAN, BOB
34 CITY - ST - ZIP	2400 S. OCEAN DRIVE FT. PIERCE FL 34949
41 TITLE	☒ Change ☐ Addition
42 NAME	D
43 STREET ADDRESS	BERTHA McDONALD
44 CITY - ST - ZIP	P.O. Box 4189 N/A FT. PIERCE FL 34948
51 TITLE	☒ Change ☐ Addition
52 NAME	D
53 STREET ADDRESS	EDDIE MAE HILL
54 CITY - ST - ZIP	P.O. BOX 2482 N/A FT. PIERCE FL 34954
61 TITLE	☒ Change ☐ Addition
62 NAME	D
63 STREET ADDRESS	SHIRLEY PLATT
64 CITY - ST - ZIP	206 S. 6TH STREET FT. PIERCE FL 34950

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on (u) attachment with an address.

SIGNATURE:

Brenda M. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR
BRENDA M. COOPER, EXECUTIVE DIRECTOR

(407) 464-7882

734027

St. Lucie County Helping Hand Neighbors, Inc.

"SENIOR CITIZEN'S MULTIPURPOSE CENTER"

809 North 9th Street

FORT PIERCE, FLORIDA

Telephone: 464-7880
464-7882

34950

BOARD OF DIRECTORS

PRESIDENT

Helen Abbott
11211 Indian River Drive 34982
871-0377 / (OFC) 464-2010
(President/Chairperson of Board
St. Lucie Dream Builders, Inc.)

VICE PRESIDENT

Clarence Brown
3101 Avenue R 34947
461-7281 (OFC)
(Executive Director
Housing Authority)

TREASURER

Bob Carman
2400 South Ocean Drive 34949
464-3342
(Philanthropist)

CHAPLAIN

Pastor Trevor Banks
P.O. Box 1224 34954
466-9252
(Resurrection Life Church)

DIRECTOR, ACTIVITIES

Roy Moon
903 North 20th Street 34950
464-8026
(Member Helping Hand Neighbors)

DIRECTOR, GRIEVANCE

Rosetta Wright
1014 Avenue H 34950
461-5910 / 461-3159
(Member Helping Hand Neighbors)

DIRECTOR, OUT-REACH

Merdis Strong
1506 Avenue G 34950
464-2757
(Member Helping Hand Neighbors)

ACTING SECRETARY

Shirley Cobbs
5202 Pinetree Drive 34982
464-4025
(Licensed Real Estate Broker)

DIRECTOR

Bertha McDonald
P.O. Box 4189 34948
464-0437
(Former President
Club Utilitas/Teen Center)

DIRECTOR

Eddie Mae Hill
P.O. Box 2482 34954
467-0692
(ALPI-Head Start/Coordinator)

DIRECTOR

Shirley Platt
206 South 6th Street 34950
466-1600 X3300 (OFC)
(Director of Administration
Fort Pierce Utility Authority)

DIRECTOR

Thomas Mitchell
610 North 14th Street 34950
Pager: 457-9420
(Civic Manager)

DIRECTOR

Brenda M. Cooper
1020 South 8th Street 34950
465-8991
(Executive Director, HHN)



"RECREATION: THE REVOLVING DOOR TO HAPPINESS"

1995 ROSTER



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United Way