

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756286

(1)

1. Corporation Name

THE HELPING HANDS CLUB INCORPORATED

Principal Place of Business

% ERNEST REYNOLDS, JR.
926 23RD AVE S
ST PETERSBURG FL 33705
US

Mailing Address

% ERNEST REYNOLDS, JR.
926 23RD AVE S
ST PETERSBURG FL 33705
US



3. Date Incorporated or Qualified
02/10/1981

3a. Date of Last Report
07/05/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLDS, ERNEST
926 23RD AVE S
ST PETERSBURG FL 33705**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **REYNOLDS, ERNEST**
STREET ADDRESS **926 23RD AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **VD** ☐ DELETE
NAME **WOODS, EDWARD**
STREET ADDRESS **3821 10TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **SD** ☐ DELETE
NAME **LEWIS, IKE**
STREET ADDRESS **925 MELROSE AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **TD** ☐ DELETE
NAME **MORGAN, JAMES**
STREET ADDRESS **2342 7TH AVE SO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **SD** ☐ DELETE
NAME **ROBINSON, ANDREW**
STREET ADDRESS **2563 10TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **TD** ☐ DELETE
NAME **CARSWELL, RAYMOND**
STREET ADDRESS **619 18TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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 119.07(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, 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 an attachment with an address.

SIGNATURE:

Ernest Reynolds, Jr.
ERNEST REYNOLDS, JR.

Signature and typed or printed name of signing officer or director

3-2-96 893-7062

Date

Daytime Phone #

CR2E037 (12/95)