

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758857 (7)**  
1. Corporation Name  
**HELPING HANDS FOR THE MENTALLY HANDICAPPED-NORTH BREVARD, INC.**



Principal Place of Business <b>2840 EPP BIVING DR. TITUSVILLE FL 32796</b>	Mailing Address <b>2840 EPP BIVING DR. TITUSVILLE FL 32796-1807</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/22/1981</b>	3a. Date of Last Report <b>02/14/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ION, ANN 2840 EPP BIVING DR. TITUSVILLE FL 32796</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>JADLOWIEC, DOROTHY</b>	1.2 NAME	<b>DAISY TAYLOR</b>
STREET ADDRESS	<b>3240 ALAMANDA CT</b>	1.3 STREET ADDRESS	<b>3905 ALACHUA AVE</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	1.4 CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>
TITLE	<b>V</b>	2.1 TITLE	
NAME	<b>BOAS, TERRY</b>	2.2 NAME	
STREET ADDRESS	<b>3450 PELICAN CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE F</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	
NAME	<b>ROBINSON, ARLENE</b>	3.2 NAME	
STREET ADDRESS	<b>1705 KEMBERLY AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE F</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<b>D</b>
NAME	<b>RUSSELL, ELIZABETH</b>	4.2 NAME	<b>BERTHA PALAZZO</b>
STREET ADDRESS	<b>525 INDIAN RIAN RV. AV.</b>	4.3 STREET ADDRESS	<b>3380 DARYL TER.</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	4.4 CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>
TITLE	<b>D</b>	5.1 TITLE	<b>P</b>
NAME	<b>TAYLOR, DAISY</b>	5.2 NAME	<b>CANIE PERMENTER</b>
STREET ADDRESS	<b>3905 ALACHUA AVE.</b>	5.3 STREET ADDRESS	<b>22 EAST TOWN PLACE</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	5.4 CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>
TITLE	<b>TD</b>	6.1 TITLE	
NAME	<b>ION, ANN</b>	6.2 NAME	
STREET ADDRESS	<b>2840 EPP BIVING DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE: ANN ION REQUIRED ANN ION 3/29/97 268-2156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015677

CR2E037 (9/96)