

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766698

FILED
Apr 29, 2009
Secretary of State

Entity Name: ENGLEWOOD HELPING HAND, INC.

Current Principal Place of Business:

700 E. DEARBORN ST.
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 791
ENGLEWOOD, FL 342950791 US

New Mailing Address:

FEI Number: 59-2259063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPURGEON, JUDY E
6358 SPINNAKER BLVD
ENGLEWOOD, FL 34224 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: PD () Delete
Name: THOMPSON, MARY E
Address: 833 EAST 7TH STREET
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD () Delete
Name: CLEARWATER, JUNE
Address: 21 LEE CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD () Delete
Name: SPURGEON, JUDY E
Address: 6358 SPINNAKER BLVD
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD () Delete
Name: SIMMONS, ELIZABETH
Address: 579 SPRUCE ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD () Delete
Name: HODGDON, SHARON
Address: 134 MARINER LANE
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, GINNY
Address: 22 MEDALIST COURT
City-St-Zip: ROTONDA, FL 33947

Title: VD (X) Change () Addition
Name: RICE, CAROL
Address: 1425 LEMON BAY DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KERN, ROY
Address: 30 MEDALIST LN
City-St-Zip: ROTONDA, FL 33947

Title: SD (X) Change () Addition
Name: DUCKWORTH, LAREINE
Address: 10030 EAGLE PRESERVE DR
City-St-Zip: ENGLEWOOD, FL 33224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY E SPURGEON

TD

04/29/2009

Electronic Signature of Signing Officer or Director

Date