

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002071

**FILED**  
**Mar 08, 2004**  
**Secretary of State****Entity Name:** OFFICE OF OVERSEER AND HIS SUCCESSORS, A CORPORATION SOLE FOR HELPING HANDS  
FOUNDATION**Current Principal Place of Business:**12915 FOREST HILL DRIVE  
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**12915 FOREST HILL DRIVE  
TAMPA, FL 33612**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOORE, KEVIN  
12915 FOREST HILL DRIVE  
TAMPA, FL 33612**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:** DCPS ( ) Delete  
**Name:** MOORE, KEVIN  
**Address:** 12915 FOREST HILL DRIVE  
**City-St-Zip:** TAMPA, FL 33612**Title:** VT ( ) Delete  
**Name:** MOORE, KEVIN  
**Address:** 12915 FOREST HILL DRIVE  
**City-St-Zip:** TAMPA, FL 33612**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DCPS (X) Change ( ) Addition  
**Name:** MOORE, KEVIN  
**Address:** 12915 FOREST HILLS DRIVE  
**City-St-Zip:** TAMPA, FL 33612**Title:** VT (X) Change ( ) Addition  
**Name:** MOORE, KEVIN  
**Address:** 12915 FOREST HILLS DRIVE  
**City-St-Zip:** TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN MOORE

MR.

03/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date