

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003288

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: BOCA HELPING HANDS, INC.

**Current Principal Place of Business:**

138 NW 16TH STREET  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

138 NW 16TH STREET  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 31-1713631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI (DAG)  
525 OKEECHOBEE BLVD.  
SUITE 1100  
WEST PALM BEACH, FL 33401 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: D/T ( ) Delete  
Name: JAIVEN, JACK  
Address: 3912 SOUTH OCEAN BLVD, #1114  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D/S ( ) Delete  
Name: HAYNIE, SUSAN  
Address: 800 CYPRESS WAY  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: GART, DAVID  
Address: 3096 NW 60ST  
City-St-Zip: BOCA RATON, FL 33496

Title: D/P ( ) Delete  
Name: PETERS, GARY  
Address: 6013 LE LAC ROAD  
City-St-Zip: BOCA RATON, FL 33496

Title: D/V ( ) Delete  
Name: SHAW, ERIC DR.  
Address: 130 MOHIGAN CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: JACK JAIVEN

D/T

01/13/2009

Electronic Signature of Signing Officer or Director

Date