

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90136 001 \*\*\*\*70.00

**DOCUMENT # N00000005199**

1. Entity Name

L.O.G. HELPING HANDS, INCORPORATED



Principal Place of Business

6400 DUDLEY DRIVE  
NAPLES FL 34105

Mailing Address

P.O. BOX 11537  
NAPLES FL 34101

01000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

GREEN, JANICE M  
1200 MISTY PINE CT  
APT 201  
NAPLES FL 34105-2586

7. Name and Address of New Registered Agent

Name Janice M. Green

Street Address (P.O. Box Number is Not Acceptable)

217 Woodshire Lane

City Naples

FL

Zip Code  
34105

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME GREEN, JANICE M  
STREET ADDRESS 5900 MAXMYRTLE WAYSTE 8AND 9  
CITY-ST-ZIP NAPLES FL 34109

TITLE PD  Change  Addition  
NAME Green, Janice M.  
STREET ADDRESS 217 Woodshire Lane  
CITY-ST-ZIP Naples, FL 34105

TITLE V  Delete  
NAME GREEN, RANDY J  
STREET ADDRESS 5900 MAXMYRTLE WAYSTE 8AND 9  
CITY-ST-ZIP NAPLES FL 34109

TITLE V  Change  Addition  
NAME Green, Randy J  
STREET ADDRESS 217 Woodshire Lane  
CITY-ST-ZIP Naples, FL 34105

TITLE I  Delete  
NAME JAMES, SHAYVONNE  
STREET ADDRESS 5400 CORONADO PKWY #C  
CITY-ST-ZIP NAPLES FL 34116

TITLE  Change  Addition

TITLE  Delete  
NAME CHOKA, DERICK  
STREET ADDRESS 5341 SUMMERWIND DRIVE 103  
CITY-ST-ZIP NAPLES FL 34109

TITLE  Change  Addition

TITLE S  Delete  
NAME RILEY, RILEY  
STREET ADDRESS 4420 BAYSHORE #204  
CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition

TITLE  Delete  
NAME KNAGGS, WEBERT  
STREET ADDRESS 2930 22 AVE NE  
CITY-ST-ZIP NAPLES FL 34120

TITLE  Change  Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice M. Green Janice M. Green 5/1/04 239 777-2465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #