

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000006549**

1. Entity Name  
**HELPING HANDS CLINIC, INC.**



Principal Place of Business  
**419 NE 1ST ST  
GAINESVILLE, FL 32601**

Mailing Address  
**P.O. BOX 1481  
GAINESVILLE, FL 32602-1481**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3716775**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NEWELL, PAUL D  
260A LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TP  
STACEY, RANDALL J  
1523 N.W. 12TH ROAD  
GAINESVILLE, FL 32605**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TV  
STACEY, CYNTHIA M  
1523 N.W. 12TH ROAD  
GAINESVILLE, FL 32605**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
GUGLUZZA, GINA  
2653 SW 35TH PL. #702  
GAINESVILLE, FL 32608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TT  
SHORTLEY, BRENDAN  
P O BOX 141123  
GAINESVILLE, FL 32614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000580432  
01/10/07-80047-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-07 352-373-6884