

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006549

FILED
Jan 20, 2009
Secretary of State

Entity Name: HELPING HANDS CLINIC, INC.

Current Principal Place of Business:

419 NE 1ST ST
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1481
GAINESVILLE, FL 326021481

New Mailing Address:

FEI Number: 59-3716775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 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: TP () Delete
Name: STACEY, CYNTHIA
Address: 1523 N.W. 12TH ROAD
City-St-Zip: GAINESVILLE, FL 32605

Title: TV () Delete
Name: SHORTLY, BRENDAN
Address: 1523 N.W. 12TH ROAD
City-St-Zip: GAINESVILLE, FL 32605

Title: TS () Delete
Name: AMBROSO, PAULA
Address: 419 NE 1ST ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: TT () Delete
Name: STACEY, RANDALL
Address: P O BOX 141123
City-St-Zip: GAINESVILLE, FL 32614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TV (X) Change () Addition
Name: SHORTLY, BRENDAN
Address: P.O. BOX 141123
City-St-Zip: GAINESVILLE, FL 32614

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

Title: TT (X) Change () Addition
Name: STACEY, RANDALL
Address: 1523 NW 12TH RD.
City-St-Zip: GAINESVILLE, FL 32605

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: RANDY STACEY

MR.

01/20/2009

Electronic Signature of Signing Officer or Director

Date