


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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90001 045 ****75.00

DOCUMENT # N00000006632 1. Entity Name HELPING HANDS OF HARDEE COUNTY, INC.					
Principal Place of Business P O BOX 471 WAUCHULA FL 33873-0471			Mailing Address P O BOX 471 WAUCHULA FL 33873-0471		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AYALA, MERTA C 1310 S FLORIDA AVE WAUCHULA FL 33873				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDOZA, MERTA C		NAME		
STREET ADDRESS	P O BOX 471		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873-0471		CITY-ST-ZIP		
TITLE	DVP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, DORA		NAME		
STREET ADDRESS	P O BOX 471		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873-0471		CITY-ST-ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYALA, HUMBERTO		NAME		
STREET ADDRESS	P O BOX 471		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873-0471		CITY-ST-ZIP		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDOSA, THOMAS		NAME		
STREET ADDRESS	P O BOX 471		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873-0471		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Merta C Ayala</i>			3-15-04 863-773-5008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		