

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0998209

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AYALA, MERTA C
1310 S FLORIDA AVE
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

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 **X**

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD
NAME CARDOZA, MERTA C ☐ Delete
STREET ADDRESS P O BOX 471
CITY-ST-ZIP WAUCHULA FL 33873-0471

TITLE DVP
NAME CRUZ, DORA ☐ Delete
STREET ADDRESS P O BOX 471
CITY-ST-ZIP WAUCHULA FL 33873-0471

TITLE DS
NAME AYALA, HUMBERTO ☐ Delete
STREET ADDRESS P O BOX 471
CITY-ST-ZIP WAUCHULA FL 33873-0471

TITLE DT
NAME CARDOSA, THOMAS ☐ Delete
STREET ADDRESS P O BOX 471
CITY-ST-ZIP WAUCHULA FL 33873-0471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Marta C. Cardoza*

2-15-06