2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2004
Secretary of State

DOCUMENT# N00000007126

Entity Name: VETERANS HELPING HANDS, INC.

Current Principal Place of Business:

13140 BURNINGTREE AVE
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P.O BOX 3158
N. FORT MYERS, FL 33918

New Mailing Address:

FEI Number: 65-1050988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, R M
13140 BURNINGTREE AVE
FT MYERS, FL 33919

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:	PD	( ) Delete
Name:	STONE, R M	
Address:	13140 BURNINGTREE AVE	
City-St-Zip:	FT MYERS, FL 33919	
Title:	VSD	( ) Delete
Name:	YORK, WARREN	
Address:	1334 OLD BRIDGE RD	
City-St-Zip:	NO FT MYERS, FL 33917	
Title:	VTD	( ) Delete
Name:	THOMAS, DALE E	
Address:	716 KARLOF ST	
City-St-Zip:	FT MYERS, FL 33916	
Title:	D	( ) Delete
Name:	DON, GILL	
Address:	674 BRIGANTINE	
City-St-Zip:	FORT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	BOWLES, CLYDE	
Address:	17021 CAROLYN LANE	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	PYE, TERRY R	
Address:	4141 SILVERSWORD CT.	
City-St-Zip:	NORTH FORT MYERS, FL 33903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: R. M. STONE PD 01/17/2004

Electronic Signature of Signing Officer or Director — Date