2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
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 (X)**

Name and Address of Current Registered Agent:

STONE, R M
13140 BURNINGTREE AVE
FT MYERS, FL 33919 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:	PSD	( ) Delete
Name:	STONE, R M	
Address:	13140 BURNINGTREE AVE	
City-St-Zip:	FT MYERS, FL 33919	
Title:	VD	( ) Delete
Name:	DAN, HARVILL M	
Address:	52 EMILY LANE	
City-St-Zip:	FT. MYERS BEACH, FL 33931	
Title:	VTD	( ) Delete
Name:	THOMAS, DALE E	
Address:	O. O. BOX 3710	
City-St-Zip:	N. FT MYERS, FL 33918	
Title:	D	( ) Delete
Name:	DON, GILL	
Address:	362 JOSE GASPAR	
City-St-Zip:	NO. FORT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	HEISLER, DAVID W	
Address:	149 S.E. 44TH TERRACE	
City-St-Zip:	CORAL, FL 33904	
Title:	D	( ) Delete
Name:	HARVILL, JOYCE A	
Address:	52 EMILY LANE	
City-St-Zip:	FT. MYERS BEACH, FL 33931	

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 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: R. M. STONE PSD 03/23/2009
Electronic Signature of Signing Officer or Director — Date