

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000007395

1. Entity Name  
HELPING HANDS SCHOLARSHIP FUND, INC.



Principal Place of Business  
9995 N MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410-9650

Mailing Address  
9995 N MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410-9650



04012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1063956

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FITZGERALD, J PATRICK  
110 MERRICK WAY, SUITE 3-B  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BARBARITO, GERALD M  
STREET ADDRESS P O BOX 109650  
CITY-ST-ZIP PALM BEACH GARDENS, FL 334109650

TITLE VD  
NAME DAWSON, JOAN  
STREET ADDRESS P O BOX 109650  
CITY-ST-ZIP PALM BEACH GARDENS, FL 334109650

TITLE D  
NAME SWEETMAN, SANDRA  
STREET ADDRESS 11301 U.S. HWY 1  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D  
NAME GARZO HARRIS, PAULA  
STREET ADDRESS 2380 BAY VILLAGE COURT  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VD  
NAME MURTAGH, SEAMUS  
STREET ADDRESS 310 N OLIVE AVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 334104797

TITLE T  
NAME HAMEL, DENIS A  
STREET ADDRESS P.O. BOX 109650  
CITY-ST-ZIP PALM BEACH GARDENS, FL 334109650

U000000289256  
04/06/05-80019-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/1/05 561-775-9500