2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FIL
Feb 06, 200
Secretar

DOCUMENT # N00000007395

1. Entity Name
HELPING HANDS SCHOLARSHIP FUND, INC.

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

01112006 No Chg-NP CR2E037 (11/05)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

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02/18/06-80030-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: D. A. Hamel 1/11/06 (561) 775-8518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STREET ADDRESS	200 LOXAHATCHEE DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
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 Chapter 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: Ann M. Wark Ann M. Wark 1.23.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #