

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90059 006 ****61.25

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**

40001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1063956

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENIS A. HAMEL

Date

1/9/2007

Daytime Phone #

561-775-9518