2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N00000007395

Entity Name: HELPING HANDS SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

9995 N MILITARY TRAIL
PALM BEACH GARDENS, FL 334109650

New Principal Place of Business:

Current Mailing Address:

P.O, BOX 109650
PALM BEACH GARDENS, FL 334109650

New Mailing Address:

FEI Number: 65-1063956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

J. PATRICK FITZGERALD, ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 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:	PD	( ) Delete
Name:	BARBARITO, GERALD M REV	
Address:	9995 N MILITARY TRAIL	
City-St-Zip:	PALM BEACH GARDENS, FL 334109650	
Title:	VD	( ) Delete
Name:	DAWSON, JOAN SR	
Address:	9995 N MILITARY TRAIL	
City-St-Zip:	PALM BEACH GARDENS, FL 334109650	
Title:	D	( ) Delete
Name:	NOTABARTOLO, CHARLES E REV	
Address:	9995 N MILITARY TRAIL	
City-St-Zip:	PALM BEACH GARDENS, FL 334109650	
Title:	T	( ) Delete
Name:	HAMEL, DENIS A	
Address:	9995 N MILITARY TRAIL	
City-St-Zip:	PALM BEACH GARDENS, FL 334109650	
Title:	S	( ) Delete
Name:	SABATELLA, LORRAINE	
Address:	9995 N MILITARY TRAIL	
City-St-Zip:	PALM BEACH GARDENS, FL 334109650	
Title:	AS	( ) Delete
Name:	FITZGERALD, J. PATRICK ESQ.	
Address:	9995 N MILITARY TRAIL	
City-St-Zip:	PALM BEACH GARDENS, FL 334109650	

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: DENIS A. HAMEL T 04/08/2009

Electronic Signature of Signing Officer or Director — Date