•2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000008151

1. Entity Name

HELPING HANDS OF BREVARD, INC.



Principal Place of Business

Mailing Address

8680 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920 8680 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920



05 APR 28 AM 8: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



04212005 No Chg-NP

CR2E037 (10/03) /

4. FEI Number 59-1801881

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOTTLER, RICHARD H JR. 8680 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920

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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 Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent argustiture required when reinstating) DATE					
•	Filing Fee Is \$61.25 Due by May 1, 2005	Election Campaign Finance Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PD STOTTLER, RICHARD H JR. 8680 N. ATLANTIC AVE. CAPE CANAVERAL, FL. 32920				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEEVERS, JUDITH C 8680 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920			5 05/1	00054670435 7/0501028002 **283.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOTTLER, LORI 401 MEAD AVE. COCOA BEACH, FL 32931			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS CITY-ST-ZIP					rî
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.					