

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000008151

1. Entity Name

HELPING HANDS OF BREVARD, INC.



Principal Place of Business

8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920

Mailing Address

8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920

FILED

06 APR -7 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1801881

Applied For

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

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOTTLER, JR, RICHARD H
STREET ADDRESS	8680 N. ATLANTIC AVE.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	STD
NAME	DEEVERS, JUDITH C
STREET ADDRESS	8680 N. ATLANTIC AVE.
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	VD
NAME	STOTTLER, LORI
STREET ADDRESS	401 MEAD AVE.
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000073990820
05/04/06--01020--029 **283.75

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IN THIS SPACE**

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:

Richard H Stottler Jr Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/06 321-783-1320