

2007 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
07 JUL 12 PM 1:25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



03092007 No Chg-NP CR2E037 (4/06)

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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

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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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300098061439
04/24/07--01010--006 **261.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/9/07
Date

Daytime Phone #

Richard H Stottler Jr.