

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008151

1. Entity Name  
HELPING HANDS OF BREVARD, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 20 PM 12:46

Principal Place of Business  
8680 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 32920

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



04242008 No Chg-NP

CR2E037 (4/06)

**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, 2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100130740581  
06/04/08--01034--006 \*\*1350.00

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

321-783-1320

Daytime Phone #

7220