2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000008151

1. Entity Name

HELPING HANDS OF BREVARD, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91426 038 ****70.00

NAME STRET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 TITLE NAME DEEVERS, JUDITH C 8680 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920 TITLE NAME DEEVERS, JUDITH C 8680 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						OF WE IM	1			
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City &	8680 N. ATLANTIC AVE.			8680 N. ATLANTIC AVE.			\$ 100 Hites 8 H 00 H	a Bogil Baril Baril Brill Abill	88:81:10(R) ()08:0	II O I 21 0 I 1 00 I
City & State Country	2. Principal F	Place of Business	3. Mail	3. Mailing Address						
Storme and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of Status Desired S. Name and Address of New Registered Agent Name STOTTLER, RICHARD H. JR. 8800 N. ATLANTIC AVE. City FL Zip Code City FL Zip Code City FL Zip Code S. Thaqeboin named entity submiss kills statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, place or private Fund for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, place or private Fund for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, place or private Fund for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, place or private Fund for registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 Selection Campaign Finencing Trust Fund Contribution. Storm Addition Department of State Intel Now STOTTLER, RICHARD H. IR. SIDET ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition Now STOTTLER, LORI S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
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8880 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920 8. The abdove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept short obligations of registered agent. SIGNATURE SIGNATURE STORE HOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. TITLE NAME SIRRET ADDRESS TITLE STD DESURED, SUDTH C NAME STORE ADDRESS SON . ATLANTIC AVE. CITY-ST-2P TITLE STD UAPE CAPE CANAVERAL FL 32920 OFFI-ST-2P TITLE NAME STRET ADDRESS SON . ATLANTIC AVE. STRET ADDRESS SON . ATLANTIC AVE. STRET ADDRESS STRE					Nar	ne	· · · · · · · · · · · · · · · · · · ·			
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept she obligations of registered agent. SIGNATURE	8680 N. /	ATLANTIC AVE.				Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits an statement for the purpose of changing its registered agent, or both, in the State of Forida, I am familiar with, and accept she obligations of registered agent. Signature	CAPE CANAVERAL FL 32920				City	,		F	Zip Coc	te
SIGNATURE Signature File NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	O The občine			and of observing its	vanistavad offic	iota	and amount on both in the		<u> </u>	
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD		- i	and title if appl	icable. (NOTE	i: Registered Agent (signature require	od when reinstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STOTTLER, RICHARD H J.R. STREET ADDRESS B880 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920 TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25									
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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.

SIGNATURE:

PLULATE REPUBLICATION RETAINED IL THE VIEW 4003 301-183-1300