


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90004 033 ****70.00

DOCUMENT # N01000008636 1. Entity Name HELPING HANDS OF HARBOUR TOWNE, INC.	
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Principal Place of Business 801 NE 3RD ST DANIA BEACH, FL 33004	Mailing Address 801 NE 3RD ST DANIA BEACH, FL 33004
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 01-0556405	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC MIAMI CENTER 17TH FLOOR 201 S BISCAYNE BLVD MIAMI, FL 33131

**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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GROENWOLD, GARY 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VAN LENTEN, MICHELLE 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, JOHN P 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST COEUR, BRAD 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASSEN, JON ESQ 201 S BISCAYNE BLVD, #1700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle VAN LENTEN 2 July 2004
Date **954-926-0300**
Daytime Phone #