

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 038 ****70.00

DOCUMENT # N01000008636					
1. Entity Name HELPING HANDS OF HARBOUR TOWNE, INC.					
Principal Place of Business 801 NE 3RD ST DANIA BEACH, FL 33004			Mailing Address 801 NE 3RD ST DANIA BEACH, FL 33004		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0556405	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC MIAMI CENTER 17TH FLOOR 201 S BISCAYNE BLVD MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>Michelle Van Lenten</u> Street Address (P.O. Box Number is Not Acceptable): <u>801 N.E. Third Street</u> City: <u>Dania Beach</u> FL <u>33004</u>		
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:		<u>Michelle Van Lenten, V</u>		DATE: <u>10 July 07</u>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GROENWOLD, GARY 801 NE 3RD ST DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Tenley Zinkowski 801 N.E. Third Street Dania Beach, FL 33004
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VAN LENTEN, MICHELLE 801 NE 3RD ST DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Louise Martinez 801 NE Third Street Dania Beach, FL 33004
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, JOHN P 801 NE 3RD ST DANIA BEACH, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST COEUR, BRAD 801 NE 3RD ST DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASSEN, JON ESQ 201 S BISCAYNE BLVD, #1700 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:		<u>Michelle Van Lenten, V</u>		DATE: <u>10 July 07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>954 926-0300</u>			