

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

DOCUMENT # N02000004376

1. Entity Name

HELPING A HANDICAP, INC.



FILED

03 DEC 26 PH 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03  
CHECK HERE IF MAKING CHANGES

Principal Place of Business 719 DATE PALM BLVD. MELBOURNE FL 32901		Mailing Address 719 DATE PALM BLVD. MELBOURNE FL 32901	
2. Principal Place of Business 719 DATE PALM BLVD		3. Mailing Address Same as #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State	
Zip 32901	Country FLORIDA	Zip	Country

4. FEL Number EN 65-1782 079	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANN, RICHARD 719 DATE PALM BLVD. MELBOURNE FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Richard Mann President 12-27-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, RICHARD 719 DATE PALM BLVD. MELBOURNE FL 32901 <input type="checkbox"/> Delete <u>President</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700025307757 12/26/03--01014--006 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN WILLIAMS 719 DATE PALM BLVD. MELBOURNE, FL. 32901 <input type="checkbox"/> Delete <u>Secretary</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700025307757 12/08/03--01013--029 **\$236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN DAVIS 434 SW BOUGHTN VILLE ST PALM BAY FL 32907 <input type="checkbox"/> Delete <u>Treasurer</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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

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: Richard Mann 12-3-03 3217226098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)