


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

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90184 009 ****61.25

DOCUMENT # <i>N0200004376</i>	
1. Entity Name <i>HELPING A HANDICAP</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>HELPING A HANDICAP</i> Suite, Apt. #, etc. <i>719 DATE PALM BLVD</i> City & State <i>MELBOURNE FL</i> Zip <i>32901</i> Country <i>BREVARD</i>		3. Mailing Address <i>719 DATE PALM BLVD</i> Suite, Apt. #, etc. <i>MELBOURNE</i> City & State <i>FL</i> Zip <i>32901</i> Country <i>BREVARD</i>	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>EIN 651182079</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>RICHARD MANN</i> Street Address (P.O. Box Number is Not Acceptable) <i>719 DATE PALM BLVD</i> City <i>MELBOURNE</i> FL Zip Code <i>32901</i>		

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*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *2-22-05*

FEE IS \$61.25 Initial or Amended UBR	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>RICHARD MANN</i> <i>32901</i> <i>719 DATE PALM BLVD MELBOURNE FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. JOHN M DAVIS</i> <i>722 BROUVANVILLE AVE NW</i> <i>PALM BAY FL 32908</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREAS*SECRETARY</i> <i>JOHN L. WILLIAMS</i> <i>1435 GILES ST NW PALM BAY FL 32907</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Mann*

2-22-05

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CR2E037B (12/02)