2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# N02000007514

Entity Name: HELPING HANDS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

375 NORTH LAKE BOULEVARD
#1029
ALTAMONTE SPRINGS,, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

#203
478 ALTAMONTE DRIVE, STE. 108
ATLAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 01-0746268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULMAN, BETH-ANN
800 S. ORLANDO AVENUE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	THOMAS, KATHY MS.	
Address:	375 NORTH LAKE BOULEVARD, #1029	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	VP	( ) Delete
Name:	FANTASIA, VINCENT MR.	
Address:	375 NORTH LAKE BOULEVARD, #1029	
City-St-Zip:	ALTAMONTE SPRINGS,, FL 32701	
Title:	S	( ) Delete
Name:	THOMAS, KATHY MS.	
Address:	375 NORTH LAKE BOULEVARD, #1029	
City-St-Zip:	ALTAMONTE SPRINGS,, FL 32701	
Title:	T	( ) Delete
Name:	THOMAS, KATHY MS.	
Address:	375 NORTH LAKE BOULEVARD, #1029	
City-St-Zip:	ALTAMONTE SPRINGS,, FL 32701	
Title:	D	( ) Delete
Name:	CHANDLER, CHARLOTTE	
Address:	507 DELANEY AVE., #7	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	THOMAS, KATHY	
Address:	375 NORTH LAKE BLVD. #1029	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY THOMAS P 03/31/2004

Electronic Signature of Signing Officer or Director — Date