

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007954

FILED
Jan 18, 2007
Secretary of State

Entity Name: TREASURE COAST HELPING HANDS CORPORATION

Current Principal Place of Business:

2001 AVENUE D
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

600 ATLANTIC AVE
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 32-0055348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TODD J
600 ATLANTIC AVENUE
FT PIERCE, FL 34950 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: SMITH, TODD J
Address: 600 ATLANTIC AVE
City-St-Zip: FT PIERCE, FL 34950

Title: C () Delete
Name: KURUSIS, RON
Address: 445 RIVER PRADO DR
City-St-Zip: FT PIERCE, FL 34946

Title: TS (X) Delete
Name: JONES, VALERIE
Address: 5511 RAINTREE TRAIL
City-St-Zip: FORT PIERCE, FL 34982

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TODD J. SMITH

P

01/18/2007

Electronic Signature of Signing Officer or Director

Date