## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007954

FILED Jan 23, 2009 Secretary of State

Entity Name: TREASURE COAST HELPING HANDS CORPORATION									
Current Principal Place of Business:					New Principal Place of Business:				
2001 AVEN FT PIERCE		)							
Current Mailing Address:					New Mailing Address:				
P.O. BOX 1 FORT PIER		954							
FEI Number: 32-0055348 FEI Number Applied For ( ) FEI Number			FEI Nur	mber Not Applicable ( ) Certificate of Status Desired ( )					
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
SMITH, TOI 600 ATLAN FT PIERCE	TIC AVENU		JS						
The above r		y sub	omits this statement for th	ne purpose o	f changing it	s registered	d office or r	egistered ag	ent, or both,
SIGNATUR									
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P SMITH, TOD 600 ATLANT FT PIERCE,	IC AVE	<b>≣</b>		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	C KURUSIS, R 445 RIVER F FT PIERCE,	PRADO	D DR		Title: Name: Address: City-St-Zip:	VP KURUSIS, R 445 RIVER I FT PIERCE,	PRADO DR	( ) Addition	
Title: Name: Address: City-St-Zip:		()De	elete		Title: Name: Address: City-St-Zip:	T SMITH, LISA 217 OCEAN JENSEN BE			

I hereby certify that the information supplied with this filing does not qualify 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 01/23/2009