2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N03000000911

Entity Name: HELPING HANDS OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

PO BOX 3254
WEST PALM BEACH, FL 334023254

New Principal Place of Business:

Current Mailing Address:

PO BOX 3254
WEST PALM BEACH, FL 334023254

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQ.
SUITE 6 2580 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407 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: D ( ) Delete
Name: LAWLER, DAVE
Address: 104 SUFFOLK DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: MELDRIM, BOB
Address: 14272 CROCUS COURT
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: BOLTON, EMBREE
Address: 2596 CLIPPER CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: YEARGIN, BILL
Address: 7573 RED RIVER RD.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Delete
Name: MILLIGAN, ALPHONSO S
Address: PO BOX 3254
City-St-Zip: WEST PALM BEACH, FL 334023254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MILLIGAN, ALPHONSO S ESQ
Address: P.O. BOX 3254
City-St-Zip: WEST PALM BEACH, FL 33402 US

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: ALPHONSO S. MILLIGAN PRES 04/30/2005

Electronic Signature of Signing Officer or Director — Date