

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000911

FILED
May 01, 2006
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLIGAN, ALPHONSO S ESQ.
SUITE 6 2580 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407 US

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: MILLIGAN, ALPHONSO S ESQ
Address: P.O. BOX 3254
City-St-Zip: WEST PALM BEACH, FL 33402 US

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

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:

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: ALPHONSO S. MILLIGAN

V.P.

05/01/2006

Electronic Signature of Signing Officer or Director

Date