

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002769

FILED
May 02, 2005
Secretary of State

Entity Name: HELPING HANDS COMMUNITY RESOURCE DISTRIBUTION CENTER, INC.

Current Principal Place of Business:

14310 N.W. 16TH COURT
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

14310 N.W. 16TH COURT
MIAMI, FL 33167

New Mailing Address:

FEI Number: 41-2126406 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

KEATON, DEMETRES L
14310 N.W. 16TH COURT
MIAMI, FL 33167 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: PD () Delete
Name: KEATON, DEMETRES L
Address: 14310 N.W. 16TH CT.
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: GLASPER, ALFRENECE L
Address: 2156 N.W. 47 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: JACKSON, JOANNE W
Address: 561 N.E. 171ST STREET
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: KEATON, ERICK L
Address: 20101 NW 14TH PLACE
City-St-Zip: MIAMI, FL 33169

Title: COC () Delete
Name: YEARBY, GEORGETTE
Address: 5220 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33021

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:

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: ALFRENECE L GLASPER

SD

05/02/2005

Electronic Signature of Signing Officer or Director

Date