

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002769

FILED  
Apr 25, 2006  
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)

**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, ALFRENCE 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: SD (X) Change ( ) Addition  
Name: GLASPER, ALFRENCE L  
Address: 2156 N.W. 47 TERRACE  
City-St-Zip: MIAMI, FL 33142

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 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: DEMETRES L. KEATON

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date