2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N03000008909

Entity Name: HODORI HELPING HANDS, INC.

Current Principal Place of Business:

750 W. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

750 W. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 81-0630982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUTCH, DAWN M
750 W. NEW HAVEN AVE.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CRUSAN, DEBORAH S
191 CARMELITE AVE. N. W.
PALM BAY, FL 32907 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: DEBORAH S. CRUSAN 04/20/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRUSAN, DEBORAH S
Address: 191 CARMELITE AVE N.W.
City-St-Zip: PALM BAY, FL 32907

Title: V ( ) Delete
Name: SARDINAS, KELLY
Address: 748 ANTILLES ROAD N.E.
City-St-Zip: PALM BAY, FL 32907

Title: T ( ) Delete
Name: FUTCH, DAWN M
Address: 727 FLETCHER ROAD S.E.
City-St-Zip: PALM BAY, FL 32909

Title: S ( ) Delete
Name: SZEWCZYK, LISA M
Address: 2312 COUNTRY CLUB ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: PR ( ) Delete
Name: PEEPLES, LORI
Address: 339 TRIDENT AVE. S.E
City-St-Zip: PALM BAY, FL 32909

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: PR (X) Change ( ) Addition
Name: CUCCHIARA, FRANCENE
Address: 520 VERMONT STREET N. E.
City-St-Zip: PALM BAY, FL 32907 US

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: DEBORAH S. CRUSAN P 04/20/2004
Electronic Signature of Signing Officer or Director Date