2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000009315



FILED Apr 19, 2004 8:00 am Secretary of State

HEARTS HELPING HANDS, INC.					04-19-2004 90307 048 ****** / 5.00			
Principal Place 1130 SIXTH NAPLES, FL		Mailing Address 1130 SIXTH ST S NAPLES, FL 34102	•					
2. Principal I	Place of Business	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072004 Ch	g-NP CR2E	037 (10/03)		
City & State		City & State		4. FEI Number EIN 51-	0488210		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	itus Desired 🔭 🔀	\$8.75 Add		
	6. Name and Address of Current F	legistered Agent		7. Name and Addr	ess of New Registered	d Agent		
KNOWLES, PETER A			Name					
1130 SIXT			Street Address (P.O. Box Number is Not Acceptable)		ot Acceptable)		,	
,			1					
			City		F	- ;		
the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or reg	jistered agent, or both, in t	he State of Florida. 1 ar	n familiar with,	and accept	
SIGNATORE	Stgnature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:1	Registered Agent signature red	quired when reinstating)	DATE			
								
Filing Fee is \$61.25 Due by May 1, 2004		9 Flection Came	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
				\$5.00 May Be Added to Fees				
10.		Trust Fund Co		Added to Fees ADDITIONS/CHANGE		artment of S	tate	
10. TITLE NAME	Due by May 1, 2004	Trust Fund Co	11. TILE	Added to Fees ADDITIONS/CHANGE P/T TER A. KNOW	Florida Department of the Story	artment of S	tate	
TITLE	Due by May 1, 2004	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE	Florida Department of the Story	DIRECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2004	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS/CHANGE P/T TER A. KNOW 30 SIXTH SF S /A PLES FL V/Asst S	Florida Department of the STO OFFICERS AND DEVIL & STORY	DIRECTORS IN	tate	
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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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A Woodes SIGNATURE AND TYPED OR PRINTED TRUBE OF SIGNING OFFICER OR DIRECTOR

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