

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009714

FILED
Jan 06, 2004
Secretary of State

Entity Name: HELPING HANDS OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

404 LAKE JOSEPHINE SHORES
SEBRING, FL 33875 US

New Principal Place of Business:

Current Mailing Address:

404 LAKE JOSPEHINE SHORES
SEBRING, FL 33875 US

New Mailing Address:

FEI Number: 20-0393547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, RUTH D MS.
404 LAKE JOSPEHNE SHORES
SEBRING, FL 33875 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: P () Delete
Name: HOUSE, CAROLINE D MRS.
Address: 1319 SHAMROCK DRIVE
City-St-Zip: SEBRING, FL 33872 US

Title: VP () Delete
Name: KELLER, RUTH D MS.
Address: 404 LAKE JOSEPHINE SHORES
City-St-Zip: SEBRING, FL 33875 US

Title: T () Delete
Name: CARTER, PEARL MRS.
Address: 79 JASMINE STREET
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S () Delete
Name: JONES, JUANA MS.
Address: 5946 MATANZA DRIVE
City-St-Zip: SEBRING, FL 33872 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HOUSE, CAROLINE D MRS.
Address: 1319 SHAMROCK DRIVE
City-St-Zip: SEBRING, FL 33872 US

Title: P (X) Change () Addition
Name: KELLER, RUTH D MS.
Address: 404 LAKE JOSEPHINE SHORES
City-St-Zip: SEBRING, FL 33875 US

Title: T (X) Change () Addition
Name: KELLER, HAL MR
Address: 404 LAKE JOSEPHINE SHORES
City-St-Zip: SEBRING, FL 33875 US

Title: S (X) Change () Addition
Name: DANIELS, WALT MR.
Address: 624 TASACHEE DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: D () Change (X) Addition
Name: HART, CATHERINE MRS.
Address: P O BOX 342
City-St-Zip: SEBRING, FL 33871 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: RUTH KELLER

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date