

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008148

FILED
Jun 09, 2005
Secretary of State

Entity Name: HELPING HANDS FOUNDATION INC.

Current Principal Place of Business:

1130 W DONEGAN AVE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

PO BOX 770-814
ORLANDO, FL 32877

New Mailing Address:

FEI Number: 33-4545130 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:

GONZALEZ, WILFREDO
1130 W DONEGAN AVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

GONZALEZ, W.
1130 W DONEGAN AVE
KISSIMMEE, FL 34746 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: W. GONZALEZ

06/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, WILFREDO
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 32877

Title: V () Delete
Name: VEQUILLA, RAYMOND
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 32877

Title: T () Delete
Name: MELENDEZ, FRANCES
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 34745

Title: S () Delete
Name: FELICIANO JR., LUIS
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 32877

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, W.
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 32877

Title: T (X) Change () Addition
Name: RAMOS, FRAN M
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 32877

Title: V (X) Change () Addition
Name: MARQUEZ, CARMEN
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 34745

Title: V (X) Change () Addition
Name: FELICIANO JR., LUIS
Address: PO BOX 770-814
City-St-Zip: ORLANDO, FL 32877

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: W. GONZALEZ

P

06/09/2005

Electronic Signature of Signing Officer or Director

Date