

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 08, 2009
Secretary of State

DOCUMENT# N06000004881

Entity Name: THE HELPFUL HANDS FOUNDATION, INC.**Current Principal Place of Business:**3063 GOLDSBORO PL
OVIEDO, FL 32765**New Principal Place of Business:**2441 W STATE ROAD 426
2031
OVIEDO, FL 32765**Current Mailing Address:**3063 GOLDSBORO PL
OVIEDO, FL 32765**New Mailing Address:**3063 GOLDSBORO PL.
OVIEDO, FL 32765**FEI Number:** 20-8605479**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAISLER, GEORGE
3063 GOLDSBORO PL
OVIEDO, FL 32765 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:** D () Delete
Name: RAISLER, GEORGE
Address: 3063 GOLDSBORO PL
City-St-Zip: OVIEDO, FL 32765**Title:** CVO (X) Delete
Name: RAISLER, DAISY
Address: 3063 GOLDSBORO PL
City-St-Zip: OVIEDO, FL 32765**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: GEORGE RAISLER

D

07/08/2009

Electronic Signature of Signing Officer or Director

Date