

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 015 ****70.00

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1. Entity Name

HELPING HANDS CHARITIES, INC.



Principal Place of Business

12794 W FOREST HILL BLVD STE 1B
WELLINGTON FL 33414

Mailing Address

12794 W FOREST HILL BLVD STE 1B
WELLINGTON FL 33414



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8711172

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINBERGER, MARGARET
12794 W FOREST HILL BLVD. STE 1B
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STEINBERGER, MARGARET
STREET ADDRESS 12794 W FOREST HILL BLVD STE 1B
CITY- ST- ZIP WELLINGTON FL 33414

TITLE VP ☒ Delete
NAME FROYEN, ROBERT
STREET ADDRESS 5124 WOODSTONE CIRCLE EAST
CITY- ST- ZIP LAKE WORTH FL 33463

TITLE VP ☐ Delete
NAME STEINBERGER, STEWART
STREET ADDRESS 12794 W FOREST HILL BLVD STE 1B
CITY- ST- ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stewart Steinberger STEWART STEINBERGER

2-5-08