

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

02-04-2008 90039 030 *****8.75
06-04-2008 90007 034 *****61.25

DOCUMENT # N07000006484

1. Entity Name
DOWNTOWN HELPING HANDS FOUNDATION, INC.



Principal Place of Business
**301 CLEMATIS ST
STE 200
W PALM BEACH, FL 33401**

Mailing Address
**301 CLEMATIS ST
STE 200
W PALM BEACH, FL 33401**

40107717



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMISON, DAVID W JR, ESQ
BROAD AND CASSEL
7777 GLADES RD
BOCA RATON, FL 33434**

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 required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 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	D	<input type="checkbox"/> Delete
NAME	HARRIS, TIM	
STREET ADDRESS	201 S MARCISSUS AVE - # 403	
CITY-ST-ZIP	W PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINCUS, HOWARD	
STREET ADDRESS	610 CLEMATIS ST - # 410	
CITY-ST-ZIP	W PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, JOAQUIN DR	
STREET ADDRESS	502 28TH ST	
CITY-ST-ZIP	W PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTKA, BRUCE	
STREET ADDRESS	SUTKA PRODUCTIONS - 424 PALM ST	
CITY-ST-ZIP	W PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, ART	
STREET ADDRESS	200 2ND ST - P O BOX 3366	
CITY-ST-ZIP	W PALM BEACH, FL 33402	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, ALAN	
STREET ADDRESS	114 MURRAY ROAD	
CITY-ST-ZIP	W PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

Dr. Joaquin Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/08
Date

833-8823
Daytime Phone #