

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001921

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** HELPING CHILDREN HEAL CORP

**Current Principal Place of Business:**

6417 NW 81ST BLVD  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6417 NW 81ST BLVD  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 26-2049208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAPIRO, ROBINA L  
5507 NW 80TH AVENUE  
GAINESVILLE, FL 32653 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: MOREIRA-CALI, PATRICIA  
Address: 6417 NW 81ST BLVD  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: SHAPIRO, ROBINA  
Address: 5507 NW 80TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: PARKER, JOY  
Address: 6119 NW 47TH PLACE  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBINA SHAPIRO

RS

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date