

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004069

FILED
Jun 15, 2009
Secretary of State

Entity Name: HELPING HEARTS AND HANDS - A COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

6555 WHIRLAWAY CIRCLE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

6555 WHIRLAWAY CIRCLE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 80-0180064 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BROWN, VANESSA PHDMP
6555 WHIRLAWAY CIRCLE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

BROWN, VANESSA PHD
6555 WHIRLAWAY CIRCLE
ORLANDO, FL 32818 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: VANESSA BROWN, PHD

06/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCIO () Delete
Name: BROWN, VANESSA
Address: 6555 WHIRLAWAY CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: V (X) Delete
Name: PAYNE, ALVIN
Address: 2333 JUPITER BLVD SW
City-St-Zip: PALM BAY, FL 32908

Title: V () Delete
Name: BROWN, ALBERT
Address: 6555 WHIRLAWAY CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: HAYNES, ADRIENNE
Address: 1443 POPPY AVE
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: HANDLEY, CHARLA
Address: 4523 LAKE LAWNA AVE
City-St-Zip: ORLANDO, FL 32808

Title: AT () Delete
Name: BABINGTON, SHELLY
Address: 1538 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

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:

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: VANESSA BROWN

PCIO

06/15/2009

Electronic Signature of Signing Officer or Director

Date