

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007124

FILED
Jun 25, 2009
Secretary of State

Entity Name: HELPING HANDS NEIGHBORHOOD NETWORK CENTER, INC.

Current Principal Place of Business:

4000-B ST. JOHN'S AVENUE, SUITE 22
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4000-B ST. JOHN'S AVENUE, SUITE 22
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

CORSE, JOHN D
4000-B ST. JOHN'S AVENUE, SUITE 22
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

CORSE, JOHN D
4000-B ST. JOHN'S AVENUE
SUITE 22
JACKSONVILLE, FL 32205 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: JOHN D CORSE

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: CORSE, JOHN D
Address: 4000-B ST. JOHN'S AVENUE, SUITE 22
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: ATTARA, ANN
Address: 4000-B ST. JOHN'S AVENUE, SUITE 22
City-St-Zip: JACKSONVILLE, FL 32205

Title: EX-V () Delete
Name: MILLIGAN, RON
Address: 4000-B ST. JOHN'S AVENUE, SUITE 22
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: HULSEY, MARK
Address: 621 FOREST PARK BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32002

Title: D () Delete
Name: ADAMS, WILLIAM H
Address: 10166 VILLAGE GROVE
City-St-Zip: JACKSONVILLE, FL 322576250

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CORSE, JOHN D
Address: 4000-B ST. JOHN'S AVENUE, SUITE 22
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: GRAVES, EDWIN H
Address: 4216 CHIPPEWA DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: XVP (X) Change () Addition
Name: MILLIGAN, RON
Address: 4000-B ST. JOHN'S AVENUE, SUITE 22
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: D (X) Change () Addition
Name: ADAMS, WILLIAM H
Address: 10166 VILLAGE GROVE
City-St-Zip: JACKSONVILLE, FL 32257 62

Title: D () Change (X) Addition
Name: HOLMES, ROGERS B
Address: 1560 SANDY SPRINGS DR
City-St-Zip: ORANGE PARK, FL 32003

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: JOHN D CORSE

DP

06/25/2009

Electronic Signature of Signing Officer or Director

Date