

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007124

FILED  
Apr 05, 2011  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 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

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: XVP  
Name: POCZATEK, DEBRA  
Address: 4000 ST. JOHN'S AVENUE, SUITE 22  
City-St-Zip: JACKSONVILLE, FL 32205

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN D CORSE

DP

04/05/2011

Electronic Signature of Signing Officer or Director

Date