## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007124

Apr 20, 2012 Secretary of State

Entity Name: HELPING HANDS NEIGHBORHOOD NETWORK CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

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

SUITE 22

JACKSONVILLE, FL 32205

**Current Mailing Address: New Mailing Address:** 

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

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

CORSE, JOHN D Name:

Address: 4000 ST. JOHN'S AVENUE, SUITE 22

City-St-Zip: JACKSONVILLE, FL 32205

Title:

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

Title: **XVPS** 

POCZATEK, DEBRA Name:

4000 ST. JOHN'S AVENUE, SUITE 22 Address:

City-St-Zip: JACKSONVILLE, FL 32205

Title:

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

Title:

HOLMES, ROGERS B Name: 1560 SANDY SPRINGS DR Address: 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 Ρ 04/20/2012