

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007308

FILED
Mar 30, 2011
Secretary of State

Entity Name: HELPING HANDS ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

2980 JOG RD.
GREENACRES, FL 33467

New Principal Place of Business:

2930 JOG RD.
GREENACRES, FL 33467

Current Mailing Address:

2980 JOG RD.
GREENACRES, FL 33467

New Mailing Address:

2930 JOG RD.
GREENACRES, FL 33467

FEI Number: 26-2931548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTLOW, LORRAINE
9788 EL CLAIR RANCH RD.
BOYNTON BCH, FL 33437 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: PRES
Name: MOTLOW, TIMOTHY
Address: 9788 EL CLAIR RANCH ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TRES
Name: MOTLOW, LORRAINE
Address: 9788 EL CLAIR RANCH ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SEC.
Name: SCONHOFT, LORRAINE A
Address: 4077 COLLE DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: VICE
Name: SCONHOFT, PETER J
Address: 4077 COLLE DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: MEMB
Name: CHRISTMAN, CONNIE
Address: 13265 53RD STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: LORRAINE MOTLOW

DIR.

03/30/2011

Electronic Signature of Signing Officer or Director

Date