

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009032

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** THE HELPING HAND PLAN, INC

**Current Principal Place of Business:**

6520 EL PRESIDEO  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6520 EL PRESIDEO  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 26-3461009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILSON, BEVERLY ANN  
4375 DEVEREUX DR  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

WILSON, BEVERLY ANN  
8800 PINE FOREST RD  
APT 3302  
PENSACOLA, FL 32534 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

08/31/2010

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WILSON, JAMES ALLEN  
**Address:** 6520 EL PRESIDEO  
**City-St-Zip:** PENSACOLA, FL 32504

**Title:** S  
**Name:** WILSON, MICHELLE E  
**Address:** 6520 EL PRESIDEO  
**City-St-Zip:** PENSACOLA, FL 32504

**Title:** T  
**Name:** WILSON, BEVERLY ANN  
**Address:** 8800 PINE FOREST RD APT 3302  
**City-St-Zip:** PENSACOLA, FL 32534

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:** BEVERLY A WILSON

CFO

08/31/2010

Electronic Signature of Signing Officer or Director

Date