

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

DOCUMENT# N09000004469

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** HELPING HANDS ALLIANCE, INC.

**Current Principal Place of Business:**

2170 PORT MALABAR BLVD. NE  
PALM BAY, FL 32905 US

**New Principal Place of Business:**

**Current Mailing Address:**

1268 HEDGE COTH ST NW  
PALM BAY, FL 32907 US

**New Mailing Address:**

**FEI Number:** 30-0552372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REID, PHYLLIS C  
1268 HEDGE COTH ST. NW  
PALM BAY, FL 32907 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:** CEO  
**Name:** REID, PHYLLIS C  
**Address:** 1268 HEDGE COTH ST. NW  
**City-St-Zip:** PALM BAY, FL 32907 US

**Title:** SEC  
**Name:** WINSCHUH, CHRISTINE L  
**Address:** 474 LA CROIX RD. SW  
**City-St-Zip:** PALM BAY, FL 32908 US

**Title:** CFO  
**Name:** LAKE, ADIE Y  
**Address:** 1633 CAINES AVE.  
**City-St-Zip:** PALM BAY, FL 32907

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:** PHYLLIS REID

CEO

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date