

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007154

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

101 NE 16TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

101 NE 16TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 80-0447653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DINKINS, BRAD  
101 NE 16TH AVENUE  
OCALA, FL 34470 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:** D  
**Name:** DINKINS, BRAD  
**Address:** 101 NE 16TH AVENUE  
**City-St-Zip:** Ocala, FL 34470

**Title:** D  
**Name:** BORING, LORI  
**Address:** 5735 NE 62ND CT. RD  
**City-St-Zip:** SILVER SPRINGS, FL 34488

**Title:** D  
**Name:** WHIRLE, JAMES  
**Address:** 101 NE 16TH AVENUE  
**City-St-Zip:** Ocala, FL 34470

**Title:** D  
**Name:** RAINS, TRACY  
**Address:** 101 NE 16TH AVENUE  
**City-St-Zip:** Ocala, FL 34470

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:** TRACY RAINS

D

03/17/2011

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

\_\_\_\_\_  
Date