

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001505

FILED  
May 04, 2012  
Secretary of State

**Entity Name:** HELPING HANDS SENIOR CARE, INC.

**Current Principal Place of Business:**

9100 DOWN CREST WAY  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

9100 DOWN CREST WAY  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 27-1890670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNHILL, SHANNON M  
9100 DOWN CREST WAY  
WINDERMERE, FL 34786 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:** P  
**Name:** BARNHILL, SHANNON M  
**Address:** 9100 DOWN CREST WAY  
**City-St-Zip:** WINDERMERE, FL 34786 US

**Title:** VP  
**Name:** BOLES, JEFFREY H  
**Address:** 9100 DOWN CREST WAY  
**City-St-Zip:** WINDERMERE, FL 34786 US

**Title:** SEC  
**Name:** CARTONLA, KENNETH J  
**Address:** 1140 FAIRWAY CT  
**City-St-Zip:** PALM BAY, FL 32905 US

**Title:** TRES  
**Name:** CARTONLA, DONNA M  
**Address:** 1140 FAIRWAY CT  
**City-St-Zip:** PALM BAY, FL 32905 US

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:** SHANNON BARNHILL

PRES

05/04/2012

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

\_\_\_\_\_  
Date