## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000004274

FILED Mar 29, 2011 Secretary of State

Entity Name: HELPING HANDS OF THE SHELTER, INC.

Current Principal Place of Business: New Principal Place of Business:

4429 N. LYMAN HENDRY ROAD PERRY, FL 32347

Current Mailing Address: New Mailing Address:

4429 N. LYMAN HENDRY ROAD PERRY, FL 32347

FEI Number: 80-8218466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FRANKLIN, LOIS

3548 WOODS CREEK RD.
PERRY, FL 32347 US

FRANKLIN, DODD
3548 WOODS CREEK RD.
PERRY, FL 32347 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: DODD FRANKLIN 03/29/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: WIGGINS, MARTHA Address: 801 EAST LEON City-St-Zip: PERRY, FL 32347

Title: SD

Name: PADGETT, LOIS

Address: 4429 N. LYMAN HENDRY RD

City-St-Zip: PERRY, FL 32347

Title: TD

Name: FRANKLIN, DODD
Address: 3548 WOODS CREEK RD.
City-St-Zip: PERRY, FL 32347

Title: D

Name: ANCOG, GAYLE Address: 604 W. ASH ST. City-St-Zip: PERRY, FL 32347

Title: [

Name: BETTILYON, COLLEEN
Address: 826 E. CHERRY ST.
City-St-Zip: PERRY, FL 32347

Title: VPD

Name: BARTALINI, JILL GRAVEL

Address: PO BOX 662 City-St-Zip: PERRY, FL 32347

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: LOIS A. PADGETT PRES 03/29/2011