

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004274

FILED
Jan 16, 2012
Secretary of State

Entity Name: HELPING HANDS OF THE SHELTER, INC.

Current Principal Place of Business:

4429 N. LYMAN HENDRY ROAD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

4429 N. LYMAN HENDRY ROAD
PERRY, FL 32347

New Mailing Address:

FEI Number: 80-8218466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANKLIN, DODD
3548 WOODS CREEK RD.
PERRY, FL 32347 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: 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: D
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: DODD FRANKLIN

TREA

01/16/2012

Electronic Signature of Signing Officer or Director

Date