

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011005

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** HELPING HANDS WORLD OUTREACH, INC.

**Current Principal Place of Business:**

1501 PROVIDENCE RD  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

1501 PROVIDENCE RD  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:** 35-2395893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANON, GLORIA  
1501 PROVIDENCE RD  
LAKELAND, FL 33805 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: SANON, GLORIA Y  
Address: 1501 PROVIDENCE RD  
City-St-Zip: LAKELAND, FL 33805

Title: TD  
Name: SANON, KETTA  
Address: 2415 TANGLEWOOD ST  
City-St-Zip: LAKELAND, FL 33801

Title: TD  
Name: PEEPLES, LATORIA M  
Address: 1501 PROVIDENCE RD  
City-St-Zip: LAKELAND, FL 33805

Title: TD  
Name: RICHARDSON, DANIELLE  
Address: 323 SEMINOLE TRL  
City-St-Zip: MULBERRY, FL 33860

Title: TD  
Name: KELLY, ERIC D SR.  
Address: 829 SHIRLEY ANN TRAIL  
City-St-Zip: LAKELAND, FL 33809

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: GLORIA SANON

PD

04/10/2012

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

\_\_\_\_\_  
Date