

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003839

FILED
Apr 12, 2012
Secretary of State

Entity Name: P&P HELPING HAND FOUNDATION, INC.

Current Principal Place of Business:

245 HOPSON ROAD
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 45-2039449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, OSSIE
41 ROOSEVELT AVENUE
FROSTPROOF, FL 33843 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: JOHNSON, OSSIE
Address: 41 ROOSEVELT AVENUE
City-St-Zip: FROSTPROOF, FL 33843

Title: VP
Name: HAMILTON, MARILYN
Address: 2705 WILDER TRACE CT.
City-St-Zip: PLANT CITY, FL 33566

Title: SECT
Name: JONES, GLORIA
Address: 161 MIRACLE PLACE
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: MILLS, CLARENCE L
Address: 30 TEMPLE COURT
City-St-Zip: FROSTPROOF, FL 33843

Title: TREA
Name: WHITE, TONYA L DR
Address: 108 E. 2ND STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: CLARKE, AUDREY
Address: 3508 E. DELEUIL AVENUE
City-St-Zip: TAMPA, FL 33610

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: MARILYN HAMILTON

VP

04/12/2012

Electronic Signature of Signing Officer or Director

Date