

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006335

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: HELPING HAND UP, INC.

**Current Principal Place of Business:**

702 ORIOLE LANE  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

702 ORIOLE LANE  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 45-2580772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIXON, DANIEL L  
702 ORIOLE LANE  
ST AUGUSTINE, FL 32084 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: MR  
Name: DIXON, DANIEL  
Address: 702 ORIOLE LANE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MRS  
Name: DIXON, MARY SHARON  
Address: 702 ORIOLE LANE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MR  
Name: SPIVEY, SCOTT  
Address: 506 GUNBY CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MR  
Name: ARPAIA, JAMES  
Address: KINGS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MRS  
Name: ARPAIA, RITA  
Address: KINGS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086

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: DANIEL DIXON

PRES

01/05/2012

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

\_\_\_\_\_  
Date