

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33331

(2)

1. Corporation Name

HELPING HANDS FOUNDATION, INC.

Principal Place of Business

Mailing Address

% JIM SMITH
13501 UPPER MANATEE RIVER RD
BRADENTON FL 34202
US

% JIM SMITH
13501 UPPER MANATEE RIVER RD
BRADENTON FL 34202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0152320

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JIM
13501 UPPER MANATEE RIVER RD
BRADENTON FL 34202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 13501 UPPER MANATEE RIVER RD

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME SMITH, JAMES G
STREET ADDRESS 13501 UPPER MANATEE RIVER RD
CITY-ST-ZIP BRADENTON FL

TITLE DP
NAME TUCKER, JOHN C JR.
STREET ADDRESS 13081 NW 43RD AVENUE
CITY-ST-ZIP OPALOCKA FL

TITLE DT
NAME TUCKER, LORRAINE
STREET ADDRESS 218 SW 21ST ROAD
CITY-ST-ZIP MIAMI FL

TITLE DS
NAME SMITH, KAREN F
STREET ADDRESS 13501 UPPER MANATEE RIVER RD
CITY-ST-ZIP BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Karen F. Smith, Sec'y

2/22/95 - (813) 747-4526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICER (Print Name)