WY CAN 1044 /1/28/97 FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

HELPING HANDS FOUNDATION, INC.						
Principal Place of Business		Mailing Address			<u> </u>	
% JIM SMITH 13501 UPPER MANATEE RIVER RD 13501 UPPER MANATEE I BRADENTON FL 34202 US STATEMENT ON FL 34202-97 US					Date Incorporated or Qualified	3a. Date of Last Report
Uð		US			07/20/1989	02/09/1996
21 26		2a. Mailing Address 26	¬		4. FEI Number Applied For 85-0152320 Not Applicable	
Suite, Apt. #. etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	├		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Cou	otry	Trust Fund Contribution	Added to Fees
24		 1 '	 1	riury	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
24]	25 9. Name and Address of Currer	29 nt Registered Agent	30		10. Name and Address of New Rec	
				81 Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SMITH, JIM				82 Street Addr	ress (P.O. Box Number is Not Acceptable	
13501 UPPER MANATEE RIVER ROAD				5treet Audi	ess (F.O. Box Number is Not Acceptable	θ)
BRADENTON FL 34202				83		
				84 City		85 Zip Code
						FL
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	12 and 617.1508, Florida Statu of Florida, Such change was	ites, the al	ove-named corp	poration submits this statement for the price of the pric	rpose of changing its registered
agent. La	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Stat	utes.	ion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Signature, typed or prioted name of registered ago	·-·				
12.	Signature, typed or printed name of registered age	ent and title 4 applicable. (NC D DIRECTORS	TE: Registere	Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIRECTORS IN 12
TITLE	DV	DELETE	1.1 Ti	1F	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SMITH, JAMES G		1.2 N			
STREET ADDRESS 13501 UPPER MANATEE RIVER RD				REET ADDRESS		
CITY-ST-ZIP	BRADENTON FL			IY-ST-ZIP		
TITLE	DP	DELETE	21 Tr			Change Addition
NAME	TUCKER, JOHN C JR.		2.2 N	ME		
STREET ADDRESS	13061 NW 43RD AVENUE		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	OPALOCKA FL		2.40	TY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TI	LE		Change Addition
NAME	TUCKER, LORRAINE		3.2 N	ME		
STREET ADDRESS	218 SW 21ST ROAD		3.3 ST	REET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4. 0	TY-ST-ZIP		
TITLE	DS	☐ DELETE	4.3 Ti	LE		Change Addition
NAME	SMITH, KAREN F		4. 2 N	AME		
STREET ADDRESS	13501 UPPER MANATÉE RIV	ER RD	4.3 \$1	reet address		
CITY - ST - ZIP	BRADENTON FL			Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TI			Change Addition
NAME			5.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		T bei tre		Y-ST-ZIP		[] (hazz-
TITLE		☐ DELETE	6.1 TI			Change Addition
NAME			6.2 N/			
STREET ADDRESS	ı		6.3 S	REET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address. SIGNATURE

6.4 CITY-ST-ZIP

FILED

Feb 05 1997 8:00am

Secretary of State