STREET ADDRESS

STREET ADDRESS

CITY-ST-2IF

CITY-ST-ZIP

TITLE

NAME

FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # N33331 HELPING HANDS FOUNDATION.INC. Principal Place of Business Mailing Address HTIMS MIL # % JIM SMITH 3. Date Incorporated or Qualified 13501 UPPER MANATEE RIVER RD 13501 UPPER MANATEE RIVER RD 07/20/1989 **BRADENTON FL 34202 BRADENTON FL 34202** 4. FEI Number Applied For 65-0152320 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SMITH, JIM 82 Street Address (P.O. Box Number is Not Acceptable) 13501 UPPER MANATEE RIVER ROAD 83 **BRADENTON FL 34202** 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE Ď۷ DELETÉ 1.1 TITLE Change ___ Addition NAME **SMITH, JAMES G** 12 NAME 13501 UPPER MANATEE RIVER RD STREET ADDRESS 1.3 STREET ADDRESS **B**RADENTON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE ☐ Change Addition TUCKER, JOHN C JR. 2.2 NAME 13061 NW 43RD AVENUE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **OPALOCKA FL** 2.4 CITY-ST-ZIP TITLE DELETÉ DT 3.1 TITLE Change Addition TUCKER, LORRAINE NAME 3.2 NAME **218 SW 21ST ROAD** STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DS ☐ DELETE 4.1 TITLE Change Addition NAME SMITH, KAREN F 4. 2 NAME 13501 UPPER MANATEE RIVER RD STREET ADDRESS 4.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITE F 5.1 TITLE ☐ Change Addition NAME 5.2 NAME

6.4 CITY - ST - ZIP 14. I 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chanced, or on an attachment with an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change

__ Addition

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

3/2/98 CICNATURE