## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41058

FILED Apr 26, 2004 Secretary of State

Entity Name: HELPING HANDS FOR PEOPLE, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
16842 NE F BLOUNTS	PEAR ST TOWN, FL :	32424			
Current Mailing Address:			New Mailir	New Mailing Address:	
16842 NE PEAR ST BLOUNTSTOWN, FL 32424					
FEI Number:	59-3099033	FEI Number Applied For ( ) FE	l Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
EBERLY, RUBY 16842 NE PEAR ST BLOUNTSTOWN, FL 32424 US  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.					
SIGNATUR		onio Signaturo of Dogistorod Agent		Date	
Electronic Signature of Registered Agent			4 DDITION		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MENARD, AU 1422 CROZII		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	GOODMAN, I 17517 NE CH	) Delete DAVID IARLEY JOHN ST WN, FL 32424	Title: Name: Address: City-St-Zip:	DVC (X) Change ( ) Addition MCCOY, RACHEL 16842 N. PEAR ST. BLOUNTSTOWN, FL 32424	
Title: Name: Address: City-St-Zip:	EBERLY, RU 16130 HUMIV	) Delete BY INGBIRD WAY WN, FL 32424	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition EBERLY, RUBY 16130 HUMMINGBIRD WAY BLOUNTSTOWN, FL 32424	
Title: Name: Address: City-St-Zip:	IVY, DALE P.O. BOX 91	) Delete 3 WN, FL 32424	Title: Name: Address: City-St-Zip:	DC (X) Change ( ) Addition AYCOCK, THOMAS 16842 PEAR ST. BLOUNTSTOWN, FL 32424	
Title: Name: Address: City-St-Zip:	IVY, DIANE PO BOX 916	) Delete WN, FL 32424	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition EBERLY, RUBY 16130 HUMMINGBIRD WAY BLOUNTSTOWN, FL 32424	
Title: Name: Address: City-St-Zip:	,	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition IVY, DALE P.O. BOX 916 BLOUNTSTOWN, FL 32424	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DALE IVY D 04/26/2004