

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90066 034 \*\*\*\*61.25

66020474



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N41058</b>			
1. Entity Name <b>HELPING HANDS FOR PEOPLE, INC.</b>			
Principal Place of Business 16842 NE PEAR ST BLOUNTSTOWN FL 32424		Mailing Address 16842 NE PEAR ST BLOUNTSTOWN FL 32424	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>EBERLY, RUBY 16842 NE PEAR ST BLOUNTSTOWN FL 32424</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS MENARD, AUTHOR 1422 CROZIER BLOUNTSTOWN FL 32424 <input type="checkbox"/> Delete	TITLE	DS Arthur Menard 1422 Crozier Blountstown, FL 32424 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVC MCCOY, RACHEL 16842 N. PEAR ST. BLOUNTSTOWN FL 32424 <input checked="" type="checkbox"/> Delete	TITLE	DV Melissa L'Heureux Cathoun Co. Health Dept 19611 S.R. 20 Blountstown, FL 32424 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T EBERLY, RUBY 16130 HUMMINGBIRD WAY BLOUNTSTOWN FL 32424 <input checked="" type="checkbox"/> Delete	TITLE	DVC Debra Hammond 21444 SE Thomas Ave Blountstown, FL 32424 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DC AYCOCK, THOMAS 16842 PEAR ST. BLOUNTSTOWN FL 32424 <input checked="" type="checkbox"/> Delete	TITLE	DT Barnett Walden 13851 NW Sand Cut Trail Altha, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT EBERLY, RUBY 16130 HUMMINGBIRD WAY BLOUNTSTOWN FL 32424 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D IVY, DALE P.O. BOX 916 BLOUNTSTOWN FL 32424 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ruby Eberly</i>		Date: <i>850-614-3848</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	