
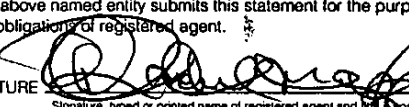
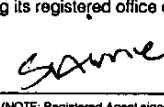
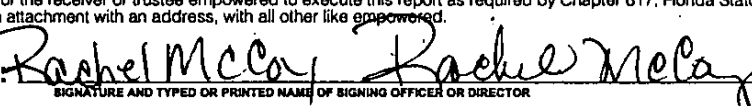
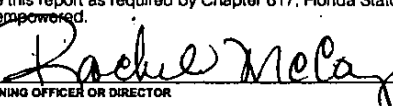


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90004 017 \*\*\*\*61.25

<b>DOCUMENT # N41058</b>			
1. Entity Name HELPING HANDS FOR PEOPLE, INC.			
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 - No P.O. Box # 16842 NE Pear St. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Blountstown FL		City & State	
Zip 32424		Country	
County Calhoun		Country	
6. Name and Address of Current Registered Agent MCCAY, RACHEL 16842 NE PEAR ST BLOUNTSTOWN, FL 32424		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	
FL		FL	
Zip Code		Zip Code	
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 		SIGNATURE  same	
Signature, typed or printed name of registered agent and not acceptable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, RACHEL	NAME	
STREET ADDRESS	16842 NE PEAR ST	STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOLEY, MELISSA L	NAME	DOROTHY Sewell
STREET ADDRESS	19611 SR 20 W	STREET ADDRESS	15047 Bo St
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	CITY-ST-ZIP	Hosford, FL 32324
TITLE	DVC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAMMOND, DEBRA	NAME	Cathy McDervitt
STREET ADDRESS	21444 SOUTHEAST THOMAS AVENUE	STREET ADDRESS	16842 NE Pear St.
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	CITY-ST-ZIP	Blountstown, FL 32424
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEWELL, DOROTHY	NAME	Elizabeth Sumner
STREET ADDRESS	15047 BO ST	STREET ADDRESS	Box 758
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	CITY-ST-ZIP	Blountstown, FL 32424
TITLE	<input 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	<input 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 exemptions contained in Chapter 119, 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: 		SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Date	
		850 6/13/07 674-3848	
		Daytime Phone #	