

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41058

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: HELPING HANDS FOR PEOPLE, INC.

**Current Principal Place of Business:**

16842 NE PEAR ST  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

**Current Mailing Address:**

16842 NE PEAR ST  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

FEI Number: 59-3099033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARDS, KENNETH  
16842 NE PEAR ST  
BLOUNTSTOWN, FL 32424 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: DALATI, GAYLE S  
Address: 18086 MAIN ST N  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DC ( ) Delete  
Name: O'BRYAN, JOANNE  
Address: P. O. BOX 543  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DVC (X) Delete  
Name: ROBERTS, JOHNNY  
Address: 29773 S E RAY AVE,  
City-St-Zip: BLOUNTSTOWN, FL 32424

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: O, JOANNE  
Address: PO BOX 543  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DC (X) Change ( ) Addition  
Name: WALDEN, GARNET  
Address: 13851 NW SAND CUT TRAIL  
City-St-Zip: ALTHA, FL 32421

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARNET WALDEN

DC

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date