SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

APPROVED AND FILED

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004068 (2)

1. Corporation Name

HELPING HANDS IN FORT MYERS, INC.

Principal Place of Business	Mailing Address
4197 SKATES CIRCLE FT MYERS FL 33905	P O BOX 2697 FT. MYERS FL 33902-2697

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report:
4. FEI Number: 65-0521819
Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HILLIARD, KATHLEEN L ~~2249-3 CLEVELAND AVE~~ mail – P.O. Box 2697
FT MYERS FL 33902

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2249 #3 Cleveland Ave
83
84 City: Fort Myers FL 85 Zip Code: 33901

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 _____ DATE
(Signature, type or print name of registered agent and the date) NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	DPT	11 TITLE	☐ Change ☒ Addition
NAME	HILLIARD, KATHLEEN L	12 NAME	DIRECTOR
STREET ADDRESS	2249-3 CLEVELAND AVE	13 STREET ADDRESS	HAROLD BARLEY
CITY ST ZIP	FT MYERS FL	14 CITY ST ZIP	2249 #3 Cleveland Ave Fort Myers, FL 33901
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	HILLIARD, BARRY	22 NAME	DIRECTOR
STREET ADDRESS	2249-3 CLEVELAND AVE	23 STREET ADDRESS	BURT BENNETT
CITY ST ZIP	FT MYERS FL	24 CITY ST ZIP	2121 Collier Ave #120 Fort Myers, FL 33913
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, ROBERT G	32 NAME	
STREET ADDRESS	734 OLIVA ST	33 STREET ADDRESS	
CITY ST ZIP	SANIBEL FL 33957	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Kathleen L Hilliard Pres — 6/20/95 — 941-694-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN L. HILLIARD

333-3619

CR2E037 (3/95)

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