

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004068 (2)**

1. Corporation Name

**HELPING HANDS IN FORT MYERS, INC.**



Principal Place of Business <b>4187 SKATES CIRCLE FT MYERS FL 33905</b>	Mailing Address <b>P O BOX 2697 FT. MYERS FL 33902-2697</b>
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3. Date Incorporated or Qualified <b>08/19/1994</b>	3a. Date of Last Report <b>07/03/1995</b>
4. FEI Number <b>65-0521819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	
<b>HILLIARD, KATHLEEN L 2249 #3 CLEVELAND AVENUE FT. MYERS FL 33901</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>300001884703 -07/05/96--01030--002</b>
84 City	<b>***61.25 FL 85 Zip Code</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>HARALD, BAXLEY</b>	1.2 NAME	<b>ANDERSON, HOWARD</b>
STREET ADDRESS	<b>2249 #3 CLEVELAND AVENUE</b>	1.3 STREET ADDRESS	<b>2336 WILLARD ST</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>FT MYERS, FL 33901</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>BENNETT, BURT</b>	2.2 NAME	<b>RAINY, KEVIN</b>
STREET ADDRESS	<b>2121 COLLIER AVENUE #120</b>	2.3 STREET ADDRESS	<b>8179 EGRET RD</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>
TITLE	<b>DS</b>	3.1 TITLE	<b>D</b>
NAME	<b>MAXWELL, ROBERT G</b>	3.2 NAME	<b>MORTENSEN, WAYNE</b>
STREET ADDRESS	<b>734 OLIVA ST</b>	3.3 STREET ADDRESS	<b>8300 PENANCE BLVD</b>
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	3.4 CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>
TITLE		4.1 TITLE	<b>D</b>
NAME		4.2 NAME	<b>MORTENSEN, MARGI</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>8300 PENANCE BLVD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>
TITLE		5.1 TITLE	<b>D</b>
NAME		5.2 NAME	<b>DOUGLAS, CAROL</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1470 ROYAL PALM SO BLVD</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>FT MYERS, FL 33919</b>
TITLE		6.1 TITLE	<b>(PRESIDENT) D &amp; P</b>
NAME		6.2 NAME	<b>HILLIARD, KATHLEEN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4197 SKATES CIRCLE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>

14. I do 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)(k), 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 Hilliard, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X *6/10/96* - 941-3323619  
Date Daytime Phone #

CR2E037 (3/96)