


FILE NOW: FILING FEE IS \$61.25

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Sep 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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>4197 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>07/03/1996</b>
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2. Principal Place of Business <b>21 6419 Mark Lane</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 6419 Mark Lane</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0521819</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>23 Fort Myers, FL 33912</b>	27 City & State <b>28 Fort Myers, FL 33912</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33912</b>	25 Country	29 Zip <b>33912</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**HILLIARD, KATHLEEN L  
2249 #3 CLEVELAND AVENUE  
FT. MEYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name <b>Roger Hamilton</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6419 Mark Lane</b>
83 City & State <b>Fort Myers, FL 33912</b>
84 City <b>Fort Myers, FL</b>
85 Zip Code <b>FL 33912</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 *Roger Hamilton* **President** *ROGER HAMILTON* **9-29-97**

Signature, by or for 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>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D/P /T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HARALD, BAXLEY</b>		1.2 NAME <b>Roger Hamilton</b>	
STREET ADDRESS <b>2249 #3 CLEVELAND AVENUE</b>		1.3 STREET ADDRESS <b>6419 Mark Lane</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>		1.4 CITY-ST-ZIP <b>Fort Myers, FL 33912</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D/s</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RAINEY, KEVIN</b>		2.2 NAME <b>Vicki Hamilton</b>	
STREET ADDRESS <b>8179 EGRET RD.</b>		2.3 STREET ADDRESS <b>6419 Mark Lane</b>	
CITY-ST-ZIP <b>FT. MYERS FL 33912</b>		2.4 CITY-ST-ZIP <b>Fort Myers, FL 33912</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MAXWELL, ROBERT G</b>		3.2 NAME <b>Anthony P. Corona</b>	
STREET ADDRESS <b>734 OLIVA ST</b>		3.3 STREET ADDRESS <b>313 Bobby Lane</b>	
CITY-ST-ZIP <b>SANIBELS FL 33957</b>		3.4 CITY-ST-ZIP <b>Mt. Prospect, Illinois 60056</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Kathleen L. Hilliard</b>		4.2 NAME	
STREET ADDRESS <b>4197 Skates Circle</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>Fort Myers, FL 33905</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Barry E. Hilliard</b>		5.2 NAME	
STREET ADDRESS <b>4197 Skates Circle</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>Fort Myers, FL 33905</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Carol Douglas</b>		6.2 NAME	
STREET ADDRESS <b>1470 Royal Palm Sq Blvd</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>Fort Myers, FL 33919</b>		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)