

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003605

FILED
Apr 08, 2009
Secretary of State

Entity Name: HELPING HANDS COMMUNITY DEVELOPMENT CENTER INC.

Current Principal Place of Business:

2201 NW 22 STREET
FT LAUDERDALE, FL 33311

New Principal Place of Business:

2201 NW 22ND STREET
FT LAUDERDALE, FL 33311

Current Mailing Address:

PO BOX 120038
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0599096 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STATEN, JIMMIE SR
2201 NW 22 STREET
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

STATEN, JIMMIE SR
2201 NW 22ND STREET
FT LAUDERDALE, FL 33311 US

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: _____

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STATEN, JESSICA L
Address: 500 NW 43 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: NEELY, SARAH S
Address: 1407 NW 14 COURT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: STATEN, JIMMIE SR
Address: 1491 NW 20 STREET
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: STATEN, JIMMIE JR
Address: 1491 NW 20TH STREET
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: MOBLEY, THOMAS
Address: 901 NW 2 AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: STATEN, DELORES J.
Address: 500 NW 43 AVE
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STATEN, JESSICA L
Address: 500 NW 43RD AVE
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: NEELY, SARAH S
Address: 1491 NW 20TH STREET #C
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D (X) Change () Addition
Name: STATEN, JIMMIE SR
Address: 1491 NW 20TH STREET
City-St-Zip: FT LAUDERDALE, FL 33311

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

Title: D (X) Change () Addition
Name: MOBLEY, THOMAS
Address: 901 NW 2ND AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D (X) Change () Addition
Name: STATEN, DELORES J.
Address: 500 NW 43RD AVE
City-St-Zip: PLANTATION, FL 33317

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: JIMMIE STATEN, SR.

DIR

04/08/2009

Electronic Signature of Signing Officer or Director

Date