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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004135 (8)**

1. Corporation Name

POMPANO BEACH HELPING HAND, INC.

Principal Place of Business

Mailing Address

100 SW 3RD STREET
POMPANO BEACH FL 33060

470 S. CYPRESS ROAD
POMPANO BEACH FL 33060



3. Date Incorporated or Qualified

08/28/1995

4. FEI Number

65-0613581

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ 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

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CHRISTOPHER, DANIEL
100 SW 3RD STREET
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-15-98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CHRISTOPHER, DANIEL**
STREET ADDRESS **12820 MILL CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME **D SCIBILIA, CHARLES**
STREET ADDRESS **8635 NW 24TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE

NAME **D BENJAMIN, DAVID**
STREET ADDRESS **3765 NE 18TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ DELETE

NAME **D COLLETTE, NANETTE**
STREET ADDRESS **3505 CARAMBOLA CIRCLE SOUTH**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ DELETE

NAME **D DICKERSON, BYRON**
STREET ADDRESS **2132 NW 58TH STREET**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: *[Signature]* **REQUIRED**

1.15.98

CR2E037 (10/97)