NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

NOTOCOMARE (Q)

HELPING HANDS OF SOUTH FLORIDA, INC.								
rincipal Place of		Mailing Address	ERAL HIGHWAY ST	TE. 600				
225 NORTH FEDERAL HIGHWAY STE. 600 225 NORTH FEDERAL HIGHWAY STE. 600 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062								
					3. Date Incorporated or Qualified 05/18/1995	3a. Dai	te of Last Report	For
2. Principal Place	e of Business	2a. Mailing Addres	S CrncDAL	Hast	4. FÉI Number 05877	16	Not App	
6550	N. FEDERAL NWY.	26 6550 A Suite, Apt. #, 6	J. FEDERAL	HW 7			\$8.75 Additi	
Suite, Apt. #, •	etc.	27 2-10			5. Certificate of Status Desired		Fee Require	
City & Chata		Oit 9 Ctoto	. Sea DAI	161	6. Election Campaign Financing		\$5.00 May Added to Fe	
3 FT. LAU	DERDALE, FL		DERDALE	nov.	Trust Fund Contribution  8. This corporation has liability for	or intangible ta		
Zip	Country	29 <b>33308</b> ./		7.5. A.	Florida Statutes	Yes [_]	No	
4 33308	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered	Agent	
			İ	B1 Name				
POWELL	GREG			82 Street Ac	Idress (P.O. Box Number is Not Accept	table)		
225 NORTH FEDERAL HIGHWAY STE. 600				R3				
POMPANO	O BEACH FL 33062		Ì		TE 2/0		85 Zip Code	a .
				84 City	. LAUDERDALE	FL	1 12221	<u> </u>
11. Pursuant to or registered familiar with		2 and 617.1508, Florida da. Such change was a tion 617.0503, Florida S	a Statutes, the abo authorized by the o Statutes.	ove-named corr corporation's b	poration submits this statement for the poard of directors. I hereby accept the a	purpose of chappointment as	anging its register s registered agent <b>96</b>	red office t. I am
SIGNATURE S	Sloten yped or plated name of registered age:	Tand tile if applicable  ID DIRECTORS	a Statutes, the abo authorized by the c Statutes.  (NOTE Registered	d Agent signature red	poration submits this statement for the poard of directors. I hereby accept the a	DATE	D DIRECTORS IN	112
_	Sloten yped or plated name of registered age:	TKC TOWC	a Statutes, the abo authorized by the o Statutes. (NOTE Registered	d Agent signatura red	poration submits this statement for the pard of directors. I hereby accept the a	DATE	D DIRECTORS IN	
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ED WAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

1.23.94

(954) 492 · 0088