

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004465 (9)

1. Corporation Name

HELPING HANDS OF SOUTH FLORIDA, INC.



Principal Place of Business  
225 NORTH FEDERAL HIGHWAY STE. 600  
POMPANO BEACH FL 33062

Mailing Address  
225 NORTH FEDERAL HIGHWAY STE. 600  
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified  
05/18/1995

3a. Date of Last Report

2. Principal Place of Business  
21 6550 N. FEDERAL HWY.  
Suite, Apt. #, etc.  
22 210  
City & State  
23 FT. LAUDERDALE, FL  
Zip  
24 33308-1404  
Country  
25 U.S. A.

2a. Mailing Address  
26 6550 N. FEDERAL HWY.  
Suite, Apt. #, etc.  
27 210  
City & State  
28 FT. LAUDERDALE, FL  
Zip  
29 33308-1404  
Country  
30 U.S. A.

4. FEI Number  
65-0587776

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POWELL, GREG  
225 NORTH FEDERAL HIGHWAY STE. 600  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
6550 N. FEDERAL HWY.  
83 SUITE 210  
84 City  
FT. LAUDERDALE FL 85 Zip Code  
33308

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

GREG POWELL (Director)

DATE

1-23-96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MCDEAVITT, BARBARA	225 NORTH FEDERAL HIGHWAY STE. 600	POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>
D	POWELL, GREG	225 NORTH FEDERAL HIGHWAY STE. 600	POMPANO BEACH FL 33062	<input type="checkbox"/>
D	SULLIVAN, MICHAEL	225 NORTH FEDERAL HIGHWAY STE. 600	POMPANO BEACH FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	GREG POWELL	6550 N. FEDERAL HWY., SUITE 210	FT. LAUDERDALE, FL 33308-1404	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	MICHAEL SULLIVAN	6550 N. FEDERAL HWY., SUITE 210	FT. LAUDERDALE, FL 33308-1404	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	L. GAIL SULLIVAN	6550 N. FEDERAL HWY., SUITE 210	FT. LAUDERDALE, FL 33308-1404	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG POWELL

Date

1-23-96

Daytime Phone #

(954) 492-0088

CR2E037 (12/95)