

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006011

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** HELPING HANDS FOUNDATION OF HAVANA, INC.

**Current Principal Place of Business:**

186 CHINA BERRY LN.  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

186 CHINA BERRY LN.  
HAVANA, FL 32333

**New Mailing Address:**

**FEI Number:** 31-1468161      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PLATT, EARNESTINE  
236 CHINA BERRY LN.  
HAVANA, FL 32333      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: PLATT, EARNESTINE  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

Title: PD ( ) Delete  
Name: THOMPSON, JEFFREY H  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

Title: TD ( ) Delete  
Name: RUSSELL, SHARON  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

Title: SD ( ) Delete  
Name: WARREN WALKER, GWEN  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete  
Name: BLACKBURN, LOUISE  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

Title: D (X) Delete  
Name: SMITH, HOWARD E CAPT.  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, JEFFREY H  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

Title: VD (X) Change ( ) Addition  
Name: EARNESTINE, PLATT  
Address: 236 CHINA BERRY LN.  
City-St-Zip: HAVANA, FL 32333

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

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

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

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

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: JEFFREY H. THOMPSON

PD

07/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date