2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90075 009 ****61.25

DOCUMENT # N96000003841

1. Entity Name

An Angel's Helping Hand Foundation, Inc.

Principal Place of Business	Mailing Address
1057 Maitland Center Commons 2nd Fl, C/O EIR Maitland, Fl 32751	1003 Sweetwater Blvd S. Longwood, Fl 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1057 Maitland Center Commons	1003 Sweetwater Blvd S.
Suite, Apt. #, etc. 2nd Fl, C/O EIR	Suite, Apt. #, etc.
City & State Maitland, Fl	City & State Longwood, Fl
Zip 32751	Country USA
Zip 32779	Country USA

4. FEI Number 59-3410347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Daniel A Bolton 1003 Sweetwater Blvd S. Longwood, Fl 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + Chairman Daniel A Bolton 1003 Sweetwater Blvd S. Longwood Fl 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director of Board Dr Thomas A. Bolton 11944 Lake Shore Place North Palm Beach, Fl 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director of Board Robert M. Blackford, MDS 7 Cygnet Court Hilton Head Island, S.C. 29926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel A Bolton Daniel A Bolton 5/5/00 407-862-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #