

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90082 041 \*\*\*\*61.25

**DOCUMENT # N97000006217**

1. Entity Name  
SGT. MAJOR'S HELPING HANDS, INC.



Principal Place of Business  
1634 SPRINGWOOD DRIVE  
TALLAHASSEE, FL 32308

Mailing Address  
1634 SPRINGWOOD DRIVE  
TALLAHASSEE, FL 32308 US



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3481415

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MOORE, TRACEY O  
1634 SPRINGWOOD DRIVE  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BOOMAN, HARRY  
STREET ADDRESS 8760 MINNOW CREEK DR  
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE D  
NAME MORRILL, LISA S  
STREET ADDRESS 1464 MANOR HOUSE DR  
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE P  
NAME MOORE, TRACEY  
STREET ADDRESS 1634 SPRINGWOOD DR  
CITY - ST - ZIP TALLAHASSEE, FL 32308

TITLE D  
NAME WHITE, BONNIE B  
STREET ADDRESS 6623 MAN O WAR TRAIL  
CITY - ST - ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tracey J. Moore* Tracey J. Moore President

850 386-1733