

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

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



02062007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/05/07-80051-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 O'Malley Moore
3/29/07 *386-1733*