03021999-90123-042-$61.25-$61.25

**FILED**
**Mar 02, 1999 8:00 am**
**Secretary of State**
03-02-1999 90123 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002613

1. Corporation Name
HELPING HANDS FOR THE SORROWFUL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13840 72ND COURT, NORTH<br>WEST PALM BEACH FL 33412 | 13840 72ND COURT, NORTH<br>WEST PALM BEACH FL 33412 |

2. Principal Place of Business
21: 13840 72nd Court North
22 Suite, Apt. #, etc.:
23 City & State: West Palm Beach, Fl.
24 Zip: 33412 25 Country: USA

2a. Mailing Address
28: 13840 72nd Court North
27 Suite, Apt. #, etc.:
28 City & State: West Palm Beach, Fl.
29 Zip: 33412 30 Country: U.S.A

3. Date Incorporated or Qualified: 05/04/1998

4. FEI Number: 06-1516905 ☐ 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

9. Name and Address of Current Registered Agent

ALCEE, KETTY
13840 72ND COURT, NORTH
WEST PALM BEACH FL 33412

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Ketty ALCEE<br>13840 72 court NORTH<br>West PALM BEACH, Fl 33412 ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE D<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | Vice-President<br>MARY LOU O'LEARY<br>1201-E Pinecrest cir<br>Jupiter, Fl. 33458 ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE D<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | Secretary<br>Gail Whited<br>12505 Kingsway Rd.<br>Wellington Fl. 33414 ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (11/96)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/8/99 561-791-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Alcee 3/3/99