

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90098 007 ****61.25

DOCUMENT # N98000002613

1. Entity Name

HELPING HANDS FOR THE SORROWFUL, INC.

Principal Place of Business

Mailing Address

13840 72ND COURT, NORTH
 WEST PALM BEACH FL 33412

13840 72ND COURT, NORTH
 WEST PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

#56
4581 CHALLENGERWAY

#56
4581 CHALLENGERWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#56

#56

City & State

City & State

West Palm Beach, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33417-8056

USA

33417-8056

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALCEE, KETTY

**13840 72ND COURT, NORTH
 WEST PALM BEACH FL 33412**

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. 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

**After September 13, 2002,
 min. will be \$236.25.**

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	DP ALCEE, KETTY 13840 72 COURT N WPB FL 33412	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'LEARY, MARY LOU 1201 E PINCREST CIR JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITED, GAIL 7796 OLYMPIA DR WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4581 CHALLENGERWAY #56 WEST PALM BEACH, FL. 33417-8056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVP JOSEPH, REGINALD 1201-E PINCREST CIR JUPITER, FL. 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/9/09 561-541-0386

CR2E037 (4/02)