## 2004 NOT-FOR-PROFIT CORPORATION

## FILED Aug 09, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N98000002613 08-09-2004 90008 037 \*\*\*\*61.25 HELPING HANDS FOR THE SORROWFUL, INC. Principal Place of Business: Mailing Address 4581 CHALLENGER WAY 4581 CHALLENGER WAY WEST PALM BEACH FL 33417-8056 WEST PALM BEACH FL 33417-8056 2. Principal Place of Business Mailing Address 458/ ChAHeny 458/Cha CR2E037 (4/04) 4. FEI Number Applied For 06-1516905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALCEE, KETTY. Street Address (P.O. Box Number is Not Acceptable) 13840 72ND COURT, NORTH WEST PALM BEACH FL 33412 City 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 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DTI E ☐ Delete TITLE Change | ☐ Addition ALCEE, KETTY NAME NAME 4581 CHALLENGER WAY #56 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417-8056 CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE Change Addition O'LEARY, MARY LOU NAME NAME 1201 E PINCREST CIR STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP DS\* - ☐ Delete TITLE ☐ Change ☐ Addition WHITED, GAIL NAME NAME 7796 OLYMPIA DR STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP DVP TITLE Delete ☐ Change ☐ Addition JOSEPH, REGINALD NAME 1201-E PINE CREST CIR STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 emo

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

attachmed # N980000006/3 24019114

August 03, 2004

To whom this may concern:

For the past five years I have received an annual renewal report. This year I have not received one. I called and spoke with a representative who assured me that I would receive a renewal card/form in the mail within ten to fifteen business days. Also once I have received the renewal card/form send my paper work back in along with one hundred fifty dollars.

I have enclosed here one hundred fifty dollars and my renewal card/form. Due to the fact that I have done this many times before I was under the impression that I would receive a notice. Since I did not would you please not penalize me for the late fee.

If you have any questions, comments, or concerns please contact me at (561)541-0386.

Thanks for your cooperation

y Alcee