04-29-2005 90292 029 ****61.00
N98000002613

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 10 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002613

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

Principal Place of Business	Mailing Address
4581 CHALLENGER WAY #56 WEST PALM BEACH, FL 33417-8056	4581 CHALLENGER WAY #56 WEST PALM BEACH, FL 33417-8056

2. Principal Place of Business	3. Mailing Address
4581 Challenger Way	4581 Challenger Way
Suite, Apt. #, etc.: 56	Suite, Apt. #, etc.: 56
City & State: West Palm Beach	City & State: West Palm Beach
Zip: 33417 Country: US	Zip: 33417 Country: US

04182005 Chg-NP CR2E037 (10/03)

4. FEI Number: 06-1516905 ☐ Applied For ☐ Not Applicable

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

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: ALCEE KETTY Street Address (P.O. Box Number is Not Acceptable): 4581 Challenger Way # 56 City: West Palm Beach FL Zip Code: 33417

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

Make check payable to Florida 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 4581 CHALLENGER WAY #56 WEST PALM BEACH, FL 334178056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP O'LEARY, MARY LOU 1201 E PINCREST CIR JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WHITED, GAIL 7796 OLYMPIA DR WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JOSEPH, REGINALD 1201-E PINE CREST CIR JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: _____ 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #