


FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90003 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004467

1. Corporation Name

HELPING HANDS, HELPING HEARTS, INC.

Principal Place of Business
 9305 WELLINGTON PARK CIR.
 TAMPA FL 33647

Mailing Address
 9305 WELLINGTON PARK CIR.
 TAMPA FL 33647



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3534948	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNBERRY, LAURA
9305 WELLINGTON PARK CIR.
TAMPA FL 33647

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JAMES BRUCE THORNBERRY
STREET ADDRESS		1.3 STREET ADDRESS	9305 WELLINGTON PARK CIRCLE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CHARLES LAMBERT
STREET ADDRESS		2.3 STREET ADDRESS	6496 81ST AVE. NO.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LAURA THORNBERRY
STREET ADDRESS		3.3 STREET ADDRESS	9305 WELLINGTON PARK CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Laura Thornberry* **SIGNATURE REQUIRED** *Laura Thornberry* 7/11/99 813-991-0046
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)