

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000004467

1. Entity 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**

FILED
Jul 05, 2005 08:00 AM
Secretary of State



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3534948

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THORNBERRY, LAURA
9305 WELLINGTON PARK CIR.
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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 *Laura Thornberry*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/29/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
THORNBERRY, J. BRUCE
9305 WELLINGTON PARK CIR
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
THORNBERRY, LAURA
9305 WELLINGTON PARK CIR
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
JARRETT, REBECCA
8215 PENWOOD DRIVE
PORT RICHEY, FL 34668**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

07/05/05-80025-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Laura Thornberry, director* 6/29/05