

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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**



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3534948

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	THORNBERRY, J. BRUCE
STREET ADDRESS	9305 WELLINGTON PARK CIR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DIR
NAME	THORNBERRY, LAURA
STREET ADDRESS	9305 WELLINGTON PARK CIR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DIR
NAME	SMITH, NORA LEE
STREET ADDRESS	16130 COUNTRY CROSSING DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80010-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2008 813-991-0046
Date Daytime Phone #