

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90011 007 \*\*\*\*61.25

**DOCUMENT # N98000006879**

1. Entity Name

**HELPING HANDS PROGRAMS FOR YOUTH AND FAMILIES, I**



Principal Place of Business

1514 NORTH SIMPSON STREET  
 MT. DORA FL 32757

Mailing Address

1514 NORTH SIMPSON STREET  
 MT. DORA FL 32757

2. Principal Place of Business

512 Limit Ave  
 Suite, Apt. #, etc.

3. Mailing Address

512 Limit Ave  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

mt Dora, FL  
 Zip 32757 Country USA

City & State

mt Dora, FL  
 Zip 32757 Country USA

4. FEI Number **59-3539628**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BADGER, ETHEL M**  
 1514 NORTH SIMPSON STREET  
 MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

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**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
 NAME **COLEMAN, BARTELL**  
 STREET ADDRESS **1626 S CLARCONA ROAD**  
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VP** ☒ Delete  
 NAME **HOUSE, DONNA**  
 STREET ADDRESS **35919 GOOSE CREEK ROAD**  
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **TD** ☐ Delete  
 NAME **BRONSON, BESSIE**  
 STREET ADDRESS **907 NEBRASKA ST**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **SD** ☐ Delete  
 NAME **ALLEN, MARY**  
 STREET ADDRESS **1525 GRANITE STATE CT**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **MD** ☐ Delete  
 NAME **ROBINSON, RUTH**  
 STREET ADDRESS **1235 SE 115TH ST**  
 CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P-D** ☐ Change ☒ Addition  
 NAME **CHRISTOPHER JOHNSON SR.**  
 STREET ADDRESS **1433 WESTON WOODS BLVD**  
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Ethel M. Badger*

*Sec.*

*(352) 235-1744*

CR2E037 (5/01)