

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2002 8:00 am  
Secretary of State

04-03-2002 90201 007 \*\*\*\*61.25

DOCUMENT # N98000006879

1. Entity Name

HELPING HANDS PROGRAMS FOR YOUTH AND FAMILIES, I  
NC.

Principal Place of Business

Mailing Address

512 LIMIT AVENUE  
MT. DORA FL 32757

512 LIMIT AVENUE  
MT. DORA FL 32757

2. Principal Place of Business

512 E Limit AVENUE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT DORA FL

City & State

MT DORA FL

4. FEI Number

59-3539628

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA

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

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

Name

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

512 E Limit AVENUE

City

MT DORA

FL

Zip Code

32757

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

*Ethel M Badger*  
Signature, typed or printed name of registered agent and title if applicable.

ETHEL M. BADGER

03-29-02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME JOHNSON, CHRISTOPHER  
STREET ADDRESS 1433 WESTON WOODS BLVD  
CITY-ST-ZIP ORLANDO FL 32818

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

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

TITLE ☒ Change ☐ Addition  
NAME BESSIE BRINSON  
STREET ADDRESS 907 Nebraska ST  
CITY-ST-ZIP Leesburg FL 34748  
LAST NAME  
Spelling was  
incorrect

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

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

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

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

TITLE MD ☐ Delete  
NAME DORIS ANDREWS  
STREET ADDRESS 1465 Clayton Street  
CITY-ST-ZIP MT DORA FL 32757

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

*Ethel M Badger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ETHEL M. BADGER

03-29-02 (352) 735-1744

Date

Daytime Phone #

CR2E037 (9/01)