

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006879

FILED
Jul 07, 2005
Secretary of State

Entity Name: HELPING HANDS PROGRAMS FOR YOUTH AND FAMILIES, INC.

Current Principal Place of Business:

512 LIMIT AVENUE
MT. DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

512 LIMIT AVENUE
MT. DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-3539628 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BADGER, ETHEL M
512 EAST LIMIT AVENUE
MT. DORA, FL 32757 US

Name and Address of New Registered Agent:

BADGER, ETHEL M
512 LIMIT AVENUE
MT. DORA, FL 32757 US

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

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, CHRISTOPHER
Address: 1433 WESTON WOODS BLVD
City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete
Name: BRINSON, BESSIE
Address: 907 NEBRASKA ST
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: ALLEN, MARY
Address: 1525 GRANITE STATE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: MD () Delete
Name: ROBINSON, RUTH
Address: 1235 SE 115TH ST
City-St-Zip: OCKLAWAHA, FL 32179

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BADGER, ETHEL M
Address: 512 LIMIT AVENUE
City-St-Zip: MT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: MASSENGALE, ROSE M
Address: 222 LOCKHART STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Change (X) Addition
Name: WILLIAMS, CHARLOTTE
Address: C/O 512 LIMIT AVENUE
City-St-Zip: MT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETHEL M. BADGER

PD

07/07/2005

Electronic Signature of Signing Officer or Director

Date