

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000914

FILED  
Jan 08, 2011  
Secretary of State

**Entity Name:** HELPING HANDS YOUTH CENTER INC.

**Current Principal Place of Business:**

6304 N.W. 14 AVE..  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

6304 N.W. 14 AVE  
MIAMI, FL 33147

**New Mailing Address:**

6304 N.W. 14 AVE..  
MIAMI, FL 33147

**FEI Number:** 65-0963338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROWN, CHARLES E  
17211 N.W. 47 CT.  
MIAMI, FL 33055 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHARLES, BROWN  
Address: 6304 N.W. 14 AVE.  
City-St-Zip: MIAMI, FL 33147

Title: VP  
Name: SHEILA, RICHARDSON  
Address: 6304 N.W. 14 AVE..  
City-St-Zip: MIAMI, FL 33147

Title: S  
Name: SUMMERALL, BARBARA  
Address: 6304 N.W. 14 AVE.  
City-St-Zip: MIAMI, FL 33147

Title: D  
Name: WILLIAMS, ADRIAN  
Address: 6304 N.W. 14 AVE.  
City-St-Zip: MIAMI, FL 33147

Title: T  
Name: SHEILA, RICHARDSON  
Address: 765 N.W. 36 ST.  
City-St-Zip: MIAMI, FL 33147

Title: D  
Name: HARDEMON, ROY  
Address: 6304 N.W. 14 AVE..  
City-St-Zip: MIAMI, FL 33147

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLES BROWN

PRES

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date