


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N99Q00003382 1. Entity Name THE HELPING HANDS FOUNDATION OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109	Mailing Address 2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109 US
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04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3584714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SKRIVAN, KENT A 801 LAUREL OAK DR, SUITE 705 NAPLES, FL 34109
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**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUSUMANO, PATSY 2100 TRADE CENTER WAY #D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MUSUMANO, DONNA 2100 TRADE CENTER WAY #D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADCLIFFE, DINA 100 KIRTLAND AVE NAPLES, FL 34110
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05/16/07-80082-013 61.25

**DO NOT WRITE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/07** Daytime Phone #