## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N99000003382**

1. Entity Name

THE HELPING HANDS FOUNDATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

2100 TRADE CENTER WAY

SUITE D

NAPLES, FL 34109

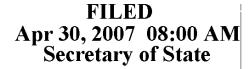
SIGNATURE:

Mailing Address

2100 TRADE CENTER WAY

**SUITE D** 

NAPLES, FL 34109 US





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| 04232007 | No Chg-NP | CR2E |
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CR2E037 (4/06)

4. FEI Number 59-3584714 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A 801 LAUREL OAK DR, SUITE 705 NAPLES, FL 34109

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|  |  |  | IN THIS SPACE       |  |  |
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|  | named entity submits this statement for the pions of registered agent. | urpose of changing its registered  | office or regis     | tered agent, or both,                        | in the State of Florida. I am familiar with, and accept  |
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title         | s if applicable (NOTE: Registered  | d Agent signature n | equired when reinstating)                    | DATE   |
|  | Filing Fee Is \$61.25<br>Due by May 1, 2007                            | Election Campaign Financ     Trust Fund Contribution.                      | cing                | \$5.00 May Be<br>Added to Fees               |  |
| 10.  | OFFICERS AND DIRE  | CTORS  | gr co               | e propried                                   | Company of the second of the s |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | PTD<br>MUSUMANO, PATSY<br>2100 TRADE CENTER WAY #D<br>NAPLES, FL 34109 |  | Salar and Salar     | ુલ પૈક્ષા <sub>,</sub> હોફ ત <sub>ે</sub> હો | U00000746785   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>MUSUMANO, DONNA<br>2100 TRADE CENTER WAY #D<br>NAPLES, FL 34109 |  | - 13 m / 14 m       |  | 05/16/07-80082-013 61.25   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>RADCLIFFE, DINA<br>100 KIRTLAND AVE<br>NAPLES, FL 34110           |  |                     | , <b>DO</b>                                  | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |                     |  | THIS SPACE   |
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| TITLE NAME STREET ADDRESS CITY-S1-ZIP          |  |  |                     | the state of                                 | galanda kan kan sa kan sa<br>Kan sa kan s  |
| indicated<br>of the cor                        | on this report or supplemental report is true a                        | ind accurate and that my signature<br>I to execute this report as required | e shall have th     | e same legal effect a                        | Florida Statute s. I further certify that the information s if made under oath; that I am an officer or director an d that my name appears in Block 10 or Block 11 if  |