

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003382 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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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3584714	Applied For 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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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 time if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

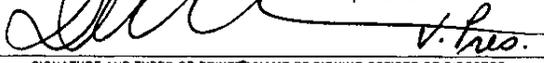
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUSUMANO, PATSY 2100 TRADE CENTER WAY #D NAPLES, FL 34109
TITLE NAME STREET 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000925109
 05/20/08-80012-019 61.25

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:  **V. Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donna Musumano

Date: **4/15/08** Daytime Phone #: **825-6937**