

**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.**



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**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3584714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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, 2008**

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**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000925109
05/20/08-80012-019 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:

Donna Musumano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date

825-6937
Daytime Phone #