

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003382

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** THE HELPING HANDS FOUNDATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2100 TRADE CENTER WAY  
SUITE D  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2100 TRADE CENTER WAY  
SUITE D  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 59-3584714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKRIVAN, KENT A  
801 LAUREL OAK DR, SUITE 705  
NAPLES, FL 34109 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: PTD  
Name: MUSUMANO, PATSY  
Address: 2100 TRADE CENTER WAY #D  
City-St-Zip: NAPLES, FL 34109

Title: VSD  
Name: MUSUMANO, DONNA  
Address: 2100 TRADE CENTER WAY #D  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: RADCLIFFE, DINA  
Address: 100 KIRTLAND AVE  
City-St-Zip: NAPLES, FL 34110

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: PATSY MUSUMANO

PTD

03/08/2010

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

\_\_\_\_\_  
Date