

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005459

1. Entity Name
A HELPING HAND RESALE STORE, INC.



Principal Place of Business
129 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952

Mailing Address
129 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952



07012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
54-3598204
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, BETTY A
2080 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952

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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 re-registering)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFFMAN, ROBERT
STREET ADDRESS 260 SABAL AVENUE
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE VD
NAME HOFFMAN, JOYCE
STREET ADDRESS 260 SABAL AVENUE
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE TD
NAME HUGHES, BETTY
STREET ADDRESS 2080 NEWFOUND HARBOR DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D
NAME HESSEE, CLAUDE
STREET ADDRESS 215 GLENGARRY AVENUE
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE D
NAME CHRISTIANSON, ARTHUR
STREET ADDRESS 2250 WINDSOR DR.
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D
NAME POLZER, DAVID
STREET ADDRESS 2502 MEADOW LANE
CITY-ST-ZIP COCOA, FL 32926

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Betty Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-04

Date

321-452-4680

Daytime Phone #