


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90062 037 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 55 Goodwin Dr.		3. Mailing Address 55 Goodwin Dr.			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101			
City & State Merritt Island		City & State Merritt Island			
Zip FL 32952		Zip FL 32952			
6. Name and Address of Current Registered Agent HUGHES, BETTY A 2080 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, ROBERT 260 SABAL AVENUE MERRITT ISLAND, FL 32953		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, JOYCE 260 SABAL AVENUE MERRITT ISLAND, FL 32953		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, BETTY 2080 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSEE, CLAUDE 215 GLENGARRY AVENUE MELBOURNE BEACH, FL 32951		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIANSON, ARTHUR 2250 WINDSOR DR. MERRITT ISLAND, FL 32952		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLZER, DAVID 2502 MEADOW LANE COCOA, FL 32926		<input type="checkbox"/> Delete		
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.			_____		



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
54-3598204

Applied For
Not Applicable

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

SIGNATURE:

Joyce E. Hoffmann (Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

321-449-0628

Daytime Phone #