2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N99000005459

Entity Name: A HELPING HAND RESALE STORE, INC.

Current Principal Place of Business:

55 GOODWIN DRIVE
#101
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

55 GOODWIN DRIVE
#101
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 54-3598204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, BETTY A
2080 NEWFOUND HARBOR DRIVE
MERRITT ISLAND, FL 32952 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: VD ( ) Delete
Name: HOFFMAN, JOYCE
Address: 260 SABAL AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete
Name: HUGHES, BETTY
Address: 2080 NEWFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: CHRISTIANSON, ARTHUR
Address: 2250 WINDSOR DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: POLZER, DAVID
Address: 2502 MEADOW LANE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETTY A. HUGHES TD 01/20/2009
Electronic Signature of Signing Officer or Director — Date