

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

DOCUMENT# N99000005459

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**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  
Name: HOFFMAN, JOYCE  
Address: 260 SABAL AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32953

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

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

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

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: BETTY A HUGHES

TD

03/14/2010

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

\_\_\_\_\_  
Date