## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077208 (1)

HELPING HANDS FOR SENIORS, INC.

Principal	Place	of	Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

2403 ARBORFIELD SOUARE SARASOTA FL 34235

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2403 ARBORFIELD SOUARE SARASOTA FL 34235

## FILED Apr 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

(941)379,1063

Not Applicable

3. Date Incorporated or Qualified

59-3467909

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/05/1997

Zip	Country	Zip	Co	untry	7	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. XX Yes	
	g, Name and Address of Curr	ent Registered Agent		ļ.,	<del>,</del>	10. Name and Address of New Registered Agent	
	YER\$, JOHN H			81	Name		
28	31 RINGLING BLVD, B-107			82	Street Adr	dress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34237				L	of out of the second of the se		
				83	1		
				84	City	85 Zip Code	
				"	City	FL 85 Zip Code	
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	le of Florida. Such chan-	ge was authoriz	od by	y the corpora	rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature typod or printed name of registered a	agent and title if applicable	(NOTE: Register	ed Au	ont signature reg	uirod when reinstating) DATE	
12.		ND DIRECTORS	13		*** = 19.15.010 TOQ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PEGUDENT	DE		ITLE		☐ Change ☐ Addilio	
NAME	PAULINE A. COOK		1.2	NAME			
STREET ADDRESS	PAULINE A. COOK 8403 ARBORFIED	JQUARE	1.3	STREET	ADDRESS		
CITY-ST-ZIP	SECT. THE ADUNEA	1235	1.4	CITY-S	T-ZIP		
TITLE	SECT. THE ADUNEA	P DE		ITLE		☐ Change ☐ Addition	
NAME	MADON G. COOK		22	NAME			
STREET ADDRESS	2403 API DEFIELD	TOVARE	2.3	STAFET	ADDRESS		
CITY-ST-ZIP	HARRY G. COOK 2403 APLORFIELD SARYSOTH, FE	34235	2. 4	CITY-	ST - ZIP		
TITLE		☐ DE	.ETE 3.1	ITLE		☐ Change ☐ Addition	
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET	ADDRESS		
CITY-ST-ZIP				CITY-	ST-ZIP		
TITLE		L DE	LETE 4,1	TITLE		Change Addition	
NAME			4, 2	NAME			
STREET ADDRESS	ļ		4.3	STREET	ADDRESS		
CITY-ST-ZIP				CITY-S	T-ZIP		
TITLE		☐ DEI	LETE . 5.1	ITLE	İ	Change Addition	
NAME			5.21	IAME			
STREET ADDRESS			5.3	STREET	ADDRESS		
CITY-ST-ZIP				HTY-S	T-ZIP		
TITLE		[] DEI	.ETE 6.13	ITLE		Change Addition	
NAME	Į.		6.21	IAME	ļ		
STREET ADDRESS			6.3 3	STREET	ADDRESS		
CITY-ST-ZIP				ITY S			
indicated officer or	F <b>on this a</b> nnual report or supplemen	ntal annual report is true ceiver or trustee empow	and accurate ar ered to execute	nd thi	at my signati	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in	