

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007395

**Entity Name:** HELPING HANDS SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

9995 N MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410-9650

**Current Mailing Address:**

P.O, BOX 109650  
PALM BEACH GARDENS, FL 33410-9650

**FEI Number: 65-1063956**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

J. PATRICK FITZGERALD, ESQ.  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title PD  
Name BARBARITO, GERALD MREV  
Address 9995 N MILITARY TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410-9650

Title VD  
Name GELO, GARY  
Address 9995 N MILITARY TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410-9650

Title D  
Name NOTABARTOLO, CHARLES EREV  
Address 9995 N MILITARY TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410-9650

Title T  
Name GENDUSA, VITO  
Address 9995 N MILITARY TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410-9650

Title S  
Name DELLO RUSSO, ALBERT REV  
Address 9995 N MILITARY TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410-9650

Title AS  
Name FITZGERALD, J. PATRICK ESQ.  
Address 9995 N MILITARY TRAIL  
City-State-Zip: PALM BEACH GARDENS FL 33410-9650

*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: VITO GENDUSA**

**TREASURER**

**02/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date