

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002745

Entity Name: HELPING HANDS ANGELS, INC**Current Principal Place of Business:**1818 CROSSROADS BLVD
WINTER HAVEN, FL 33881**Current Mailing Address:**P. O. BOX 174
DUNDEE, FL 33838**FEI Number: 87-0764063****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARRISON, DAPHNE M
1818 CROSSROADS BLVD
WINTER HAVEN, FL 33881 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	P
Name	GARRISON, DAPHNE M
Address	1818 CROSSROADS BLVD
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	RAY, KIM
Address	7130 STATE ROAD 60 E
City-State-Zip:	BARTOW FL 33830

Title	DIRECTOR
Name	COMBS, CONNIE
Address	P. O. BOX 174
City-State-Zip:	DUNDEE FL 33838

Title	DIRECTOR
Name	WORKMAN, MELISSA
Address	3601 CYPRESS GARDENS BLVD, APT 2
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	THOMAS, JANE
Address	3108 FORESTBROOK DRIVE N
City-State-Zip:	LAKELAND FL 33881

Title	DIRECTOR
Name	FIELD, DAWN
Address	769 WALKER
City-State-Zip:	WINTER GARDEN FL 34787

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: DAPHNE GARRISON**CEO****03/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date