## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001656

Entity Name: HELPING HANDS COMMUNITY DEVELOPMENT

**CORPORATION** 

**Current Principal Place of Business:** 

946 PINELAND DRIVE ROCKLEDGE, FL 32955

**Current Mailing Address:** 

946 PINELAND DRIVE ROCKLEDGE, FL 32955

FEI Number: 45-2907021 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, MICHAEL J 946 PINELAND DRIVE ROCKLEDGE, FL 32955 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

FILED May 01, 2013

**Secretary of State** 

CC8910236437

Officer/Director Detail:

Title DP Title DV

NameBROWN, MICHAEL JNameBROWN, CHRINETIAAddress946 PINELAND DRIVEAddress946 PINELAND DRIVECity-State-Zip:ROCKLEDGE FL 32955City-State-Zip:ROCKLEDGE FL 32955

Title DP Title D

Name MOORE, BARBARA W Name GEORGE, LORENZO

Address POM BOX 561025 Address 8562 PARK HIGHLAND DRIVE

City-State-Zip: ROCKLEDGE FL 32956 City-State-Zip: ORLANDO FL 32818

Title D

Name DENNIS, ADRIENNE

Address 2720 HARRY T MOORE AVE

City-State-Zip: MIMS FL 32754

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: MICHAEL J. BROWN

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

05/01/2013