

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000884

Entity Name: HELPING HANDS OF TAMPA BAY FOUNDATION, INC.**Current Principal Place of Business:**401 E JACKSON ST
SUITE 1500
TAMPA, FL 33602**Current Mailing Address:**PO BOX 2256
CLEARWATER, FL 33757**FEI Number: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOCHE, DAVID L
401 E JACKSON ST
SUITE 1500
TAMPA, FL 33602 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 D
Name BOESCH, GARY R
Address 401 E JACKSON ST
SUITE 1500
City-State-Zip: TAMPA FL 33602Title D
Name BOESCH, DANIEL E
Address 401 E JACKSON ST
SUITE 1500
City-State-Zip: TAMPA FL 33602Title D
Name BOESCH, DONALD W
Address 401 E JACKSON ST
SUITE 1500
City-State-Zip: TAMPA FL 33602Title D
Name BOESCH, MICHAEL R
Address 401 E JACKSON ST
SUITE 1500
City-State-Zip: TAMPA FL 33602Title D
Name BOESCH, BETH A
Address 401 E JACKSON ST
SUITE 1500
City-State-Zip: TAMPA FL 33602

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: GARY R BOESCH**DIRECTOR****02/04/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date