2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2019
Secretary of State
9324280670CC

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Entity Name: HELPING HANDS RECOVERY PROGRAM, INC.

Current Principal Place of Business:

1605 FLORIDA AVENUE
FT. PIERCE, FL 34950

Current Mailing Address:

1605 FLORIDA AVENUE
FT. PIERCE, FL 34950 US

FEI Number: 81-4734427

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK BLVD., SUITE A
TAMPA, FL 33612 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	CEO
Name	LAFERGOLA, FRANK REV
Address	1605 FLORIDA AVENUE
City-State-Zip:	FT. PIERCE FL 34950

Title	CLINICAL DIRECTOR
Name	TAYLOR, BEN PHD
Address	1605 FLORIDA AVENUE
City-State-Zip:	FT. PIERCE FL 34950

Title	MEDICAL DIRECTOR
Name	DAWKINS, DWIGHT DR.
Address	1605 FLORIDA AVENUE
City-State-Zip:	FT. PIERCE FL 34950

Title	COMPLIANCE OFFICER, SECRETARY
Name	PARKER, BRADLEE
Address	1605 FLORIDA AVENUE
City-State-Zip:	FT. PIERCE FL 34950

Title	TREASURER
Name	PARELLA, THOMAS
Address	1605 FLORIDA AVENUE
City-State-Zip:	FT. PIERCE FL 34950

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: REV. FRANK M. LAFERGOLA CEO, REV. 03/19/2019

Electronic Signature of Signing Officer/Director Detail — Date