

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003895

**Entity Name:** U.S. LAWNS HELPING HANDS FUND, INC.

**Current Principal Place of Business:**

6700 FORUM DR., STE. 150  
ORLANDO, FL 32821

**Current Mailing Address:**

6700 FORUM DR., STE. 150  
ORLANDO, FL 32821 US

**FEI Number: 82-1152138**

**Certificate of Status Desired: No**

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

DOLAN, PAM  
6700 FORUM DR., STE. 150  
ORLANDO, FL 32821 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/D                      |
| Name            | DOLAN, PAM               |
| Address         | 6700 FORUM DR., STE. 150 |
| City-State-Zip: | ORLANDO FL 32821         |

|                 |                          |
|-----------------|--------------------------|
| Title           | T/D                      |
| Name            | WELLS, DAVID             |
| Address         | 6700 FORUM DR, SUITE 150 |
| City-State-Zip: | ORLANDO FL 32821         |

*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: PAM DOLAN**

**PRESIDENT**

**01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date