

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000006983

Entity Name: HELPING HANDS PROGRAM OF SOUTH COUNTY, INC.**Current Principal Place of Business:**700 TIMBER RIDGE TRAIL SW
VERO BEACH, FL 32962**Current Mailing Address:**PO BOX 650568
VERO BEACH, FL 32965 US**FEI Number: 84-2417826****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO,, FL 32822 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	BUCKNER, BRANDY
Address	1665 16TH CT. SW
City-State-Zip:	VERO BEACH FL 32962

Title	TS
Name	DAMPIER, FRANCIS
Address	1665 16TH CT. SW
City-State-Zip:	VERO BEACH FL 32962

Title	D
Name	BOSWELL, LATICIA
Address	1665 16TH CT. SW
City-State-Zip:	VERO BEACH FL 32962

Title	D
Name	BOSWEL, RODERICK
Address	1665 16TH CT. SW
City-State-Zip:	VERO BEACH FL 32962

Title	D
Name	DONLEY, EVA
Address	1665 16TH CT. SW
City-State-Zip:	VERO BEACH FL 32962

Title	D
Name	TORRES, NIVEA DR,
Address	1665 16TH CT. SW
City-State-Zip:	VERO BEACH FL 32962

Title	D
Name	PRYON, ELIGHA
Address	1665 16TH CT. SW
City-State-Zip:	VERO BEACH FL 32962

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: RODERICK BOSWELL**DIRECTOR****03/16/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date