

**2024 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.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 D  
Name BOSWELL, LATICIA  
Address 1665 16TH CT. SW  
City-State-Zip: VERO BEACH FL 32962

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

Title DIRECTOR  
Name BOSWELL, RODERICK  
Address 700 TIMBER RIDGE TRAIL 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**

**03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date