

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 30, 2004
Secretary of State**

DOCUMENT# N03000010116

Entity Name: HELPING HANDS OF GOD MINISTRY, INC.

Current Principal Place of Business:

10420 SW 146TH TERR.
MIAMI, FL 33176

New Principal Place of Business:

10420 SW 149TH TERRACE
MIAMI, FL 33176

Current Mailing Address:

10420 SW 146TH TERR.
MIAMI, FL 33176

New Mailing Address:

10420 SW 149 TERRACE
MIAMI, FL 33176

FEI Number: 20-0402675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, ALBERTA
10420 SW 146TH TERR.
MIAMI, FL 33176

Name and Address of New Registered Agent:

REESE, ALBERTA
10420 SW 149TH TERR.
MIAMI, FL 33176

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:

07/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: REESE, ALBERTA
Address: 10420 SW 149TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VP () Change (X) Addition
Name: REESE, RICHARD
Address: 17055 SW 179 PL
City-St-Zip: MIAMI, FL 33170

Title: S () Change (X) Addition
Name: REESE, VERONICE
Address: 6225 N DALEMABURY APT 512
City-St-Zip: TAMPA, FL 33142

Title: T () Change (X) Addition
Name: REESE, ALBERTA
Address: 10420 SW 149TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: SEVERANCE, SHIRLEY S
Address: 10745 SW 146 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: LOVE, GWENDOLYN
Address: 28252 SW 158TH COURT
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERTA REESE

P

07/30/2004

Electronic Signature of Signing Officer or Director

Date