

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# N03000010116

Entity Name: HELPING HANDS OF GOD MINISTRY, INC.

Current Principal Place of Business:

10420 SW 149TH TERRACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10420 SW 149 TERRACE
MIAMI, FL 33176

New Mailing Address:

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 149TH TERR.
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ISOM REESE

SPOU

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date