

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004994

FILED
Oct 01, 2009
Secretary of State

Entity Name: ST. MARTIN HELPING HANDS INTERNATIONAL, INC.

Current Principal Place of Business:

1636 N PEARL ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P O BOX 3513
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 01-0900892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOBELT, JEANNETTE
1636 N PEARL ST
JACKSONVILLE, FL 32206 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: JEANNETTE KOBELT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOBELT, JEANNETTE
Address: 1636 N PEARL ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP () Delete
Name: SUMMERS, NAOMI
Address: 51 W 2ND ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: S () Delete
Name: WALKER, ANALISA
Address: 10333 WOODLEY POINT RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: KOBELT, ALLEN
Address: 1636 N PEARL ST
City-St-Zip: JACKSONVILLE, FL 32206

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:

I hereby certify that the information supplied with this filing does not qualify 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: ANALISA WALKER

S

10/01/2009

Electronic Signature of Signing Officer or Director

Date