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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36238** (6)

1. Corporation Name

HELPING HANDS MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 6287
MARGATE FL 33083-6287
US

P.O. BOX 6287
MARGATE FL 33083-6287
US



3. Date Incorporated or Qualified

01/18/1990

4. FEI Number

65-0167421

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **PO Box 1542**

27 **PO Box 1542**

City & State

City & State

23 **Marianna, Florida**

28 **Marianna, Florida**

24 Zip Country

29 Zip Country

25 **32447-1542**

30 **32447-1542**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGIER, TODD
1913 NW 70TH ST.
MARGATE FL 33063

81 Name **Angela S. Lang**

82 Street Address (P.O. Box Number is Not Acceptable)
2864 Lawrenceville Rd

83

84 City

Cottondale

FL

85 Zip Code
32431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Angela S. Lang
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LANG, LARRY R.**
STREET ADDRESS **3887 CORAL TREE CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☐ DELETE

NAME **LANG, ANGELA S.**
STREET ADDRESS **3887 CORAL TREE CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **SD** ☒ DELETE

NAME **ANGIER, TODD E.**
STREET ADDRESS **1913 N.W. 70TH TERR**
CITY-ST-ZIP **MARGATE FL**

TITLE **D** ☒ DELETE

NAME **JORDAN, DENNIS**
STREET ADDRESS **11030 NW 3RD CT**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2864 Lawrenceville, Rd
Cottondale, FL 32431

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

2864 Lawrenceville, Rd
Cottondale, FL 32431

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☒ Addition

D
Samuel T. Farmer
2616 Heavenly Dr.
Marianna, FL 32448

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Angela S. Lang

855 352-4571

CR2E037 (10/97)