

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N36238**

1. Entity Name

HELPING HANDS MINISTRIES, INCORPORATED

Principal Place of Business

P O BOX 1542
MARIANNA FL 32447-542
US

Mailing Address

P O BOX 1542
MARIANNA FL 32447-542
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LANG, ANGELA S
2864 LAWRENCEVILLE RD
COTTONDALE FL 32431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LANG, LARRY R.**
CITY-ST-ZIP **2864 LAWRENCEVILLE RD
COTTONDALE FL 32431**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LANG, ANGELA S.**
CITY-ST-ZIP **2864 LAWRENCEVILLE RD
COTTONDALE FL 32431**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FARMER, SAMUEL T**
CITY-ST-ZIP **2616 HEAVENLY DR
MARIANNA FL 32448**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHAPMAN, ALLEN**
CITY-ST-ZIP **3389 NORTH OAKS DRIVE
MARIANNA FL 32446**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90353 017 ****61.25

00000004



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0167421

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)

0016888