

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36238

**Entity Name:** HELPING HANDS MINISTRIES, INCORPORATED**Current Principal Place of Business:**3148 BUMPNOSE RD  
MARIANNA, FL 32446**Current Mailing Address:**P O BOX 1542  
MARIANNA, FL 32447-1542 US**FEI Number:** 65-0167421**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANG, ANGELA S  
3148 BUMPNOSE RD  
MARIANNA, FL 32446 US*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**Officer/Director Detail :**

Title	D
Name	LANG, LARRY R
Address	3148 BUMPNOSE RD
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	LANG, ANGELA S
Address	3148 BUMPNOSE RD
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	GRAY, STEPHEN L
Address	74 JENNIFER DR.
City-State-Zip:	ELLIJAY GA 30540

Title	D
Name	LAWRENCE, SUSAN
Address	4096 RODGERS RD.
City-State-Zip:	GREENWOOD FL 32443

Title	D
Name	DEVORE, SHARON K
Address	3038A MAGNOLIA ST
City-State-Zip:	MARIANNA FL 32446

*I hereby 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 all other like empowered.*

**SIGNATURE:** LARRY R. LANG**PRESIDENT****02/12/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date