

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006789

FILED  
Jan 23, 2006  
Secretary of State

**Entity Name:** HELP AND HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

P.O. BOX 101  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 101  
CALLAHAN, FL 32011

**New Mailing Address:**

**FEI Number:** 59-3677179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD ( ) Delete  
Name: MASON, NATHAN Y  
Address: 6231 RIVIERA MANOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: MASON, NATHAN Y JR.  
Address: 3738 BUNNELL DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: MASON, PAULA M  
Address: 6231 RIVIERA MANOR DR  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MASON, NATHAN Y  
Address: P.O. BOX 101  
City-St-Zip: CALLAHAN, FL 32011

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:** NATHAN Y. MASON

PSTD

01/23/2006

Electronic Signature of Signing Officer or Director

Date