


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000223		
1. Entity Name HELPING HANDS OF NORTH FLORIDA, INC.		

Principal Place of Business 324 MINE RD MIDWAY, FL 32343	Mailing Address P.O. BOX 491 MIDWAY, FL 32343
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
OWENS, VERDA 324 MINE RD MIDWAY, FL 32343	

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. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, VERDA	NAME	
STREET ADDRESS	P.O. BOX 491	STREET ADDRESS	
CITY-ST-ZIP	MIDWAY, FL 32343	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, TRACY	NAME	
STREET ADDRESS	9726 SPRINGHILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, LAKASIA	NAME	
STREET ADDRESS	1835 S. GADSDEN ST. APT B	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, KENNETH	NAME	
STREET ADDRESS	3432 SUNNYSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, WALTER JR	NAME	
STREET ADDRESS	3113 PONTIAC DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KATRINA	NAME	
STREET ADDRESS	2074 MIDYETTE RD., APT 113	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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SIGNATURE: <u>Verda Owens</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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FILED
2008 MAY -1 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3585620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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100129220671
05/13/08--01030--009 **61.25

5/1/08 **284-06460**
222-1830

Date Daytime Phone #