

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000223

FILED
Apr 30, 2009
Secretary of State

Entity Name: HELPING HANDS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

324 MINE RD
MIDWAY, FL 32343

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 59-3585620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, VERDA
324 MINE RD
MIDWAY, FL 32343 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: PCEO () Delete
Name: OWENS, VERDA
Address: P.O. BOX 491
City-St-Zip: MIDWAY, FL 32343

Title: VP () Delete
Name: FRANKLIN, TRACY
Address: 9726 SPRINGHILL ROAD
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: MITCHELL, LAKASIA
Address: 1835 S. GADSDEN ST. APT B
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WILLIAM, KENNETH
Address: 3432 SUNNYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: BOYD, WALTER JR
Address: 3113 PONTIAC DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HARRIS, KATRINA
Address: 2074 MIDYETTE RD., APT 113
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: VERDA OWENS

E.D.

04/30/2009

Electronic Signature of Signing Officer or Director

Date

1701- 223

Add

James Johnson



805 Flagg St.

Tallahassee, Florida 32305

Jerry Range

86 Shuler Road

Midway, FL 32343

James Davis, Jr.

P.O. Box 5

Midway, FL 32343

Ronnie Williams

74 Sand Pine Drive

Midway, FL 32343

David Parker

P.O. Box ~~200~~ 200

Midway, Florida 32343