2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# N01000000223

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
Name: OWENS, VERDA
Address: P.O. BOX 491
City-St-Zip: MIDWAY, FL 32343

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

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

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

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

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

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: VERDA OWENS CEO 04/29/2010
Electronic Signature of Signing Officer or Director Date