2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000223

Apr 29, 2011 Secretary of State

Entity Name: HELPING HANDS OF NORTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

MIDWAY, FL 32343

Current Mailing Address: New Mailing Address:

P.O. BOX 491 MIDWAY, FL 32343

FEI Number: 59-3585620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OWENS, VERDA 324 MINÉ RD

MIDWAY, FL 32343 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

PCEO

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

Title:

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

Title:

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

Title:

Name: WASHINGTON, CAROLYN Address: 3354 JIM LEE RD. City-St-Zip: TALLAHASSEE, FL 32343

Title:

ANDREWS, ULYSSES Name: P O BOX 602 Address: MIDWAY, FL 32343 City-St-Zip:

Title:

HARRIS, KATRINA Name:

Address: 2074 MIDYETTE RD., APT 113 TALLAHASSEE, FL 32301 City-St-Zip:

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 RA 04/29/2011