2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# N01000000866

Entity Name: LARRY GRECO HELPING HANDS MINISTRY, INC.

Current Principal Place of Business:

3350 NE 48TH AVE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

3350 NE 48TH AVE
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 59-3694668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRECO, LARRY L
3350 NE 48TH AVE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

GRECO, LARRY G
3350 NE 48TH AVE
HIGH SPRINGS, FL 32643 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: LARRY G. GRECO 02/04/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: GRECO, LAWRENCE L
Address: 3350 NE 48TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VPSD ( ) Delete
Name: GRECO, BRENDA J
Address: 3350 NE 48TH AVE
City-St-Zip: HIGH SPRINGS, FL 32655

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: GRECO, LAWRENCE G
Address: 3350 NE 48TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

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

Title: SEC. ( ) Change (X) Addition
Name: BILLINGS, LUKE M PASTOR
Address: 488 SW NORMANDY DRIVE
City-St-Zip: FORT WHITE, FL 32038 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY G. GRECO PRES 02/04/2005
Electronic Signature of Signing Officer or Director Date