

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005498

1. Entity Name

HELPING HANDS MINISTRIES OF ATLANTIC BEACH INC.

Principal Place of Business

Mailing Address

31 LEWIS ST
ATLANTIC BEACH FL 32233

31 LEWIS ST
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3736675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUMRELL, RICHARD G
4500 SALISBURY RD, SUITE 340
JACKSONVILLE FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON, ROBERT	
STREET ADDRESS	849 GOLDENROD LANE	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUJARDO, CHRISTINE	
STREET ADDRESS	2437 BLACKBEARD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GIBSON, KATHY	
STREET ADDRESS	849 GOLDENROD LANE	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Stackhouse	
STREET ADDRESS	9716 Orr Ct. S.	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Missy Hart	
STREET ADDRESS	13599 Osprey Point Dr.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne Wortherly	
STREET ADDRESS	2740 Grayton Ct.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kaye Lawson - Foster	
STREET ADDRESS	1516 Selva Marina Dr.	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

James W. Stackhouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2002

Date

(904) 247-1947

Daytime Phone #

3/

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90146 020 ****61.75

24464



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)