2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N01000005498

Entity Name: HELPING HANDS MINISTRIES OF ATLANTIC BEACH INC.

Current Principal Place of Business:

31 LEWIS ST
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330379
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3736675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUMRELL, RICHARD G
4500 SALISBURY RD, SUITE 340
JACKSONVILLE, FL 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: PD ( ) Delete
Name: WOESSNER, PAUL
Address: 1509 LINKSIDE DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Delete
Name: HART, MISSY
Address: 13599 OSPREY POINT DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete
Name: BOOTHE, BONNIE H
Address: 1047 WILDERLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: ED ( ) Delete
Name: STACKHOUSE, JAMES W
Address: 9716 ORR CT. S.
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD ( ) Delete
Name: WORTHERLY, JOANNE
Address: 2740 GRAYTON CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete
Name: GRIFFITH, SHARON
Address: 333 LAZY MEADOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: KENNEDY, CAPUCINE P
Address: 7937 EATON AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

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 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: JAMES STACKHOUSE ED 05/15/2006

Electronic Signature of Signing Officer or Director — Date