2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005498

HART, MISSY

13599 OSPREY POINT DR.

JACKSONVILLE, FL 32224

WORTHERLY, JOANNE

JACKSONVILLE, FL 32224

2740 GAYTON CT.

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: HELPING HANDS MINISTRIES OF ATLANTIC BEACH INC.

FILED Mar 26, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 31 LEWIS ST ATLANTIC BEACH, FL 32233 **Current Mailing Address: New Mailing Address:** P.O. BOX 330379 31 LEWIS ST ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 FEI Number: 59-3736675 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: RUMRELL, RICHARD G 4500 SALIŚBURY RD, SUITE 340 JACKSONVILLE, FL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GIBSON, ROBERT GUAJARDO, CHRISTINE Name: Name: 649 GOLDENROD LANE Address: 2437 BLACKBEARD DR. Address: City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: JACKSONVILLE, FL 32224 Title: Title: VD (X) Change () Addition () Delete GUAJARDO, CHRISTINE Name: HART, MISSY Name: Address: 2437 BLACKBEARD DR Address: 13599 OSPREY POINT DR. City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: STD () Delete Title: SD (X) Change () Addition GIBSON, KATHY LUMMUS, DEBORA Name: Name: 649 GOLDENROD LANE 645 STAFFORDSHIRE DRIVE EAST Address: Address: City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: JACKSONVILLE, FL 32225 () Delete Title: ED Title: () Change () Addition Name: STACKHOUSE, JAMES W Name: Address: 9716 ORR CT. S. Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

WORTHERLY, JOANNE

JACKSONVILLE, FL 32224

1510 SELVA MARINA DR

ATLANTIC BEACH, FL 32233

(X) Change () Addition

2740 GRAYTON CT.

LAWSON, KAYE

SIGNATURE: CHRISTINE GUAJARDO PD 03/26/2003

WOESSNER, PAUL D 1509 LINKSIDE DRIVE ATLANTIC BEACH, FL. 32233

MCVETTY, JONATHAN 12880 QUAILBROOK DRIVE JACKSONVILLE, FL. 32224

D

GARNES, MICHAEL, D 3502 HARBOR DRIVE ST AUGUSTINE, FL. 32084