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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-15-2002 90123 029 ****61.25

DOCUMENT # N01000008377

1. Entity Name

HELPING HANDS FOUNDATION OF JACKSONVILLE INC.

Principal Place of Business	Mailing Address
5755 COUNTY RD. CR 209 S. GREEN COVE SPRINGS FL 32043	~~PO BOX 16185~~ ~~JACKSONVILLE FL 32245~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 5755 County Rd CR209S.	Suite, Apt. #, etc.: PO Box 211163
City & State: Green Cove Springs, FL	City & State: St. Louis, MO
Zip: 32043 Country:	Zip: 63121 Country: St. Louis

4. FEI Number 43-1906769 ☒ 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
PRESTON, OLIVIA A 5755 COUNTY RD. CR 209 S. GREEN COVE SPRINGS FL 32043	Name: Preston, Olivia A. Street Address (P.O. Box Number is Not Acceptable): 5755 County Rd. CR 209 S. City: Green Cove Springs FL Zip Code: 32043

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: Olivia A. Preston — April 23, 2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PRESTON, OLIVIA A PO BOX 16185 JACKSONVILLE FL 32245	☐ Delete	TITLE DST NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Tiera Stread 13607 K Riverway Drive Chesterfield, MO 63017	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JONES, CRAWFORD PO BOX 16185 JACKSONVILLE FL 32245	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jones, Crawford PO Box 211163 St. Louis, MO 63121	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PERRY, CLAUDE 1153-A WOODCHASE LN. CHESTERFIELD MO 63017	☐ Delete	TITLE DVP NAME STREET ADDRESS CITY-ST-ZIP	Vice President Perry Claude 1153-A Woodchase Lane Chesterfield, MO 63017	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~JONES, Crawford O.P.~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE Johnson, Carthrell 1153 Woodchase Lane Chesterfield, MO 63017	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Loretta Groff PO Box 211163 St. Louis, MO 63121	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director LaKiesha Johnson PO Box 211163 St. Louis, MO 63121	☐ Change ☒ Addition

CR2E037 (9/01)

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: Olivia A. Preston Founder/President — April 23 2002 — (314) 205-1718 — (314) 359-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #