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Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90151 036 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008377

90065715

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 211163 SAINT LOUIS, MO 63121

2. Principal Place of Business	3. Mailing Address
5755 County Rd CR 209 S	PO Box 211163
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, FL	City & State: St. Louis, Missouri
Zip: 32043 Country	Zip: 63121 Country

☐ CHECK HERE IF MAKING CHANGES

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

PRESTON, OLIVIA A
6755 COUNTY RD. CR 209 S.
GREEN COVE SPRINGS, FL 32043

7. Name and Address of New Registered Agent

Name: Olivia A. Preston
Street Address (P.O. Box Number is Not Acceptable)
5755 County Road 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Olivia A. Preston 3-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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: Florida 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 16186 JACKSONVILLE, FL 32245	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, CRAWFORD PO BOX 211163 SAINT LOUIS, MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PERRY, CLAUDE 1153-A WOODCHASE LN. CHESTERFIELD, MO 63017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SHEAD, TIERA 13607 #K RIVERWAY DR CHESTERFIELD, MO 63017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROFF, LORETTA PO BOX 211163 SAINT LOUIS, MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, LEKIESHA PO BOX 211163 SAINT LOUIS, MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition

CR2E037 (10/02)

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 3-24-03 751-0404 866
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 90065715

#N01000008377

Please phone with any questions Concerning this Report

Toll free...

(866) 751-0404