

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003140

FILED
Apr 27, 2005
Secretary of State

Entity Name: GOD'S HELPING HANDS, INC.

Current Principal Place of Business:

7254 BLACK ROAD
LAKES WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

7254 BLACK ROAD
LAKES WALES, FL 33898

New Mailing Address:

FEI Number: 04-3656476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, NEAL E
300 THIRD STREET NW
WINTER HAVEN, FL 338814002 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: P () Delete
Name: PARROTT-NENEZIAN, TERR DR.
Address: 7254 BLACK ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: V () Delete
Name: HOBAN, NELL
Address: 2661 HUGGINS RD
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: SHEPHERD, KIM
Address: 3200 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: FERHINGER, MERTICE
Address: PO BOX 1004
City-St-Zip: LAKE WALES, FL 338591004

Title: D () Delete
Name: BLUETT, FR. ANTHONY
Address: PO BOX 232, 644 S 9TH ST
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: DANTZLER, SUSAN
Address: 318 HAMILTON SHORE DR
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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.

SIGNATURE: DR. TERRI PARROTT NENEZIAN

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date