2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N03000000023

Entity Name: HELPING HAND MISSION ORGANIZATION, INC.

Current Principal Place of Business:

1504 BARTON RD.
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1504 BARTON RD.
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 53-2316103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESTINE, JEAN J
1504 BARTON RD.
LAKE WORTH, FL 33460 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:	DESTINE, JEAN J	
Address:	1504 BARTON RD.	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	V	( ) Delete
Name:	LAFALAISE, MARC E	
Address:	8272 BERMUDA SOUND WAY	
City-St-Zip:	BOYNTON BCH, FL 33436	
Title:	T	( ) Delete
Name:	DESTINE, JACKSON	
Address:	2209 SE 2ND ST.	
City-St-Zip:	BOYNTON BCH, FL 33435	
Title:	D	( ) Delete
Name:	LAFALAISE, JEAN C	
Address:	1504 BARTON RD.	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	( ) Delete
Name:	HORACE, MARIE C	
Address:	113 SEACREST CT.	
City-St-Zip:	BOYNTON BCH, FL 33435	
Title:	D	( ) Delete
Name:	FRANCOIS, KERVENS J	
Address:	208 SE 2ND ST.	
City-St-Zip:	DELRAY BCH, FL 33444	

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
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 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: JEAN JACQUES DESTINE P 04/23/2004

Electronic Signature of Signing Officer or Director — Date