2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002769

FILED Apr 30, 2012 Secretary of State

Entity Name: HELPING HANDS COMMUNITY RESOURCE DISTRIBUTION CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

14310 N.W. 16TH COURT MIAMI, FL 33167

Current Mailing Address: New Mailing Address:

14310 N.W. 16TH COURT P.O. BOX 540826 MIAMI, FL 33167 P.O. BOX 540826 OPA-LOCKA, FL 33054

FEI Number: 41-2126406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEATON-PARRISH, DEMETRES L 14310 N.W. 16TH COURT MIAMI, FL 33167 US

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: PD

Name: KEATON-PARRISH, DEMETRES L

Address: 14310 N.W. 16TH CT. City-St-Zip: MIAMI, FL 33167

Title: SD

 Name:
 GLASPER, ALFRENECE L

 Address:
 2156 N.W. 47 TERRACE

 City-St-Zip:
 MIAMI, FL 33142

Title: TD

 Name:
 JACKSON, JOANNE W

 Address:
 561 N.E. 171ST STREET

 City-St-Zip:
 MIAMI, FL 33169

Title: VPD

 Name:
 JACKSON, ARCHIE L

 Address:
 561 N.E 171 ST

 City-St-Zip:
 MIAMI, FL 33169

Title: COC

Name: MCCLENNEY, ADRIAN B Address: 2525 N.W 156ST

City-St-Zip: MIAMI GARDES, FL 33056

Title: ECC

Name: JOHNSON, TOMEKA S Address: 1885 N.E 157ST

City-St-Zip: MIAMI GARDENS, FL 33056

I hereby 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 all other like empowered.

SIGNATURE: DEMETRES L. PARRISH PD 04/30/2012