

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006172

FILED
Apr 20, 2004
Secretary of State

Entity Name: HELPING HAND MINISTRY INC.

Current Principal Place of Business:

900 HENDERSON CREEK DR #104
NAPLES, FL 34114

New Principal Place of Business:

900 HENDERSON CREEK DR.
UNIT #104
NAPLES, FL 34114 US

Current Mailing Address:

900 HENDERSON CREEK DR #104
NAPLES, FL 34114

New Mailing Address:

P.O.BOX 990778
NAPLES, FL 341160778 US

FEI Number: 02-0699442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICE, BILL
19730 SW 12TH STREET
PEMBROKE PINE, FL 33029 US

Name and Address of New Registered Agent:

JONES, WILLIE J DIR.
2261 N.W. 58TH STREET
MIAMI, FL 33142 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: WILLIEJ. JONES

04/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MUIRHEAD, LARRY
Address: 900 HENDERSON CREEK DR #104
City-St-Zip: NAPLES, FL 34114

Title: DS () Delete
Name: MUIRHEAD, TERESA
Address: 900 HENDERSON CREEK DR #104
City-St-Zip: NAPLES, FL 34114

Title: DV () Delete
Name: RICE, BILL
Address: 19730 SW 12TH STREET
City-St-Zip: PEMBROKE PINE, FL 33029

Title: D () Delete
Name: JONES, WILLIE J
Address: 2261 NW 58TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MUIRHEAD, LARRY K
Address: 900 HENDERSON CREEK DR #104
City-St-Zip: NAPLES, FL 34114

Title: DS (X) Change () Addition
Name: MUIRHEAD, TERESA A
Address: 900 HENDERSON CREEK DR #104
City-St-Zip: NAPLES, FL 34114

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: LARRY K. MUIRHEAD

DP

04/20/2004

Electronic Signature of Signing Officer or Director

Date