

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006172

FILED  
Jul 14, 2005  
Secretary of State

Entity Name: HELPING HAND MINISTRY INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

3521 36 AVE S. E.  
NAPLES, FL 34117 US

## Current Mailing Address:

P.O.BOX 990778  
NAPLES, FL 341160778 US

## New Mailing Address:

FEI Number: 02-0699442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

RICE, BILL DIR.  
19730 S.W. 12TH STREET  
PEMBROKE PINES, FL 33029 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: BILL RICE

07/14/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: DS ( ) Delete  
Name: MUIRHEAD, TERESA A  
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 SR  
Address: 3521 36 AVE S. E.  
City-St-Zip: NAPLES, FL 34117

Title: DS (X) Change ( ) Addition  
Name: MUIRHEAD, TERESA A  
Address: 3521 36 AVE S. E.  
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 SR.

DP

07/14/2005

Electronic Signature of Signing Officer or Director

Date