

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006172

FILED
Jan 12, 2008
Secretary of State

Entity Name: HELPING HAND MINISTRY INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

RICE, BILL DIR.
19730 S.W. 12TH STREET
PEMBROKE PINES, FL 33029 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: DP () Delete
Name: MUIRHEAD, LARRY K SR
Address: 3521 36 AVE S. E.
City-St-Zip: NAPLES, FL 34117

Title: DS () Delete
Name: MUIRHEAD, TERESA A
Address: 3521 36 AVE S. E.
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MUIRHEAD, TERESA A
Address: 3521 36 AVE S. E.
City-St-Zip: NAPLES, FL 341147

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 exemption stated in Chapter 119, 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

01/12/2008

Electronic Signature of Signing Officer or Director

Date