2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008
Secretary of State

DOCUMENT# N04000003134

Entity Name: HELPING HANDS INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

802 POPLAR DRIVE
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

802 POPLAR DRIVE
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 68-0576613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

NELSON, TERESA
3137 AVENUE H EAST
RIVIERA BEACH, FL 33404 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: PD ( ) Delete
Name: HARRIS, GLADYS
Address: 802 POPLAR DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: VP ( ) Delete
Name: HARRIS, EDDIE
Address: 802 POPLAR DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: S ( ) Delete
Name: JACKSON, LLOYD
Address: 1535 WEST 21ST STREET
City-St-Zip: RIVIERA BEACH, FL 33403

Title: T ( ) Delete
Name: HARRIS, TRAVIS
Address: 802 POPLAR DRIVE
City-St-Zip: LAKE PARK, FL 33403

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:

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: GLADYS HARRIS PD 09/08/2008

Electronic Signature of Signing Officer or Director — Date