2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011098

FILED Jaņ 03, 2<u>00</u>8 Secretary of State

Entity Name: HELPING HANDS OUTREACH MINISTRIES OF FLORIDA, INC.

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

530 NORTH EAST WALDO ROAD GAINESVILLE, FL 32641

Current Mailing Address: New Mailing Address:

530 NORTH EAST WALDO ROAD P.O. BOX 663

GAINESVILLE, FL 32641 GAINESVILLE, FL 32602

FEI Number: 34-2025544 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: Name and Address of New Registered Agent:

GREEN, JOHN S GREEN, JOHN S 1015 SÉ 18TH TERR 11818 NW 71ST TER #148 TURKEY CREEK

GAINESVILLE, FL 32641 GAINESVILLE, FL 32615 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: JOHN S GREEN 01/03/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

() Delete (X) Change () Addition GREEN, JOHN S GREEN, JOHN S Name: Name:

11818 NW 71ST TER Address: 1015 SE 18TH TERR Address: City-St-Zip: GAINESVILLE, FL 32615 City-St-Zip: GAINESVILLE, FL 32641

Title: VCS () Delete Title: () Change () Addition

BOYKIN, TAWANNA Name: Name: Address: 7011 SW 17TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip:

Title: () Delete Title: () Change () Addition

LISA, GODBOLT Name: Name: Address: 3333 NW 6TH ST Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip:

Title: Title: () Change () Addition () Delete

WILLIAMS, JOSEPH L Name: Name: Address: 26 SE 9TH STREET Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip:

Title: () Delete Title: () Change () Addition

JONES, EVETTE Name: Name: 4620 NW 41ST PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32606 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: JOHN GREEN PC 01/03/2008