2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# N05000007451

Entity Name: LOVE HELPING HANDS FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

6128 ANNO AVE.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

POB 690656
ORLANDO, FL 32869

New Mailing Address:

FEI Number: 54-2114545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, ORA L
6418 CHERRY GROVE CIR
ORLANDO, FL 32809 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: P ( ) Delete
Name: CLUE, FLORINE
Address: 6128 ANNO AVE.
City-St-Zip: ORLANDO, FL 32809

Title: VT ( ) Delete
Name: ADAMS, ORA
Address: 6128 ANNO AVE.
City-St-Zip: ORLANDO, FL 32809

Title: SD ( ) Delete
Name: CHANEY, ANDRIA
Address: 6128 ANNO AVE.
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: CLUE, SAMUEL
Address: 5115 POLARIS ST.
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: TURNER, BASIL L
Address: 4011 ROBBINS AVE.
City-St-Zip: ORLANDO, FL 32808

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:

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 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: FLORINE CLUE P. 03/23/2007

Electronic Signature of Signing Officer or Director — Date