

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009413

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: YOUR HELPING HAND OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

4620 SUNBEAM STATION COURT  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

4620 SUNBEAM STATION COURT  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 06-1701831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEANS, DORINDA K  
4620 SUNBEAM STATION COURT  
JACKSONVILLE, FL 32257 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: GEANS, DORINDA K  
Address: 4620 SUNBEAM STATION COURT  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP-M ( ) Delete  
Name: PASHA, MARYAM M DR.  
Address: 3389 SHERIDAN STREET #104  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP-F ( ) Delete  
Name: WATSON, ROOSEVELT III  
Address: 4915 PRINCELY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP-S ( ) Delete  
Name: GEANS, PHYLLIS D  
Address: 2120 WILDFLOWER LANE  
City-St-Zip: BEAUMONT, TX 77713

Title: VP-B ( ) Delete  
Name: INGRAM, PHYLLIS  
Address: 10276 MEADOW POINTE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP-F (X) Change ( ) Addition  
Name: GEANS, SHEENA M  
Address: 5301 MULBERRY PLACE  
City-St-Zip: LITTLE ROCK, AR 72206

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: DORINDA K. GEANS

PRES

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date