

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009413

FILED
Apr 24, 2007
Secretary of State

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

Current Principal Place of Business:

401 E. 8TH ST.
SUITE 107
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

401 E. 8TH ST.
SUITE 107
JACKSONVILLE, FL 32206

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: GEANS, SHEENA M
Address: 5301 MULBERRY PLACE
City-St-Zip: LITTLE ROCK, AR 72206

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP-M (X) Change () Addition
Name: COOLEY, SHARON
Address: 2471 SPICER DRIVE
City-St-Zip: BEAVERCREEK, OH 45431

Title: VP-F (X) Change () Addition
Name: BOUTWELL, MICHELE
Address: 5153 PIRATES COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32203

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

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

Title: DIR () Change (X) Addition
Name: JAY, BYRON R
Address: 4620 SUNBEAM STATION COURT
City-St-Zip: JACKSONVILLE, FL 32257

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: DORINDA K. GEANS

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date