2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N05000009413

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:

13820 OLD ST AUGUSTINE RD
SUITE 113-294
JACKSONVILLE, FL 32258

Current Mailing Address:

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

New Mailing Address:

13820 OLD ST AUGUSTINE RD
SUITE 113-294
JACKSONVILLE, FL 32258

FEI Number: 06-1701831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:	COOLEY, SHARON	
Address:	2471 SPICER DRIVE	
City-St-Zip:	BEAVERCREEK, OH 45431	
Title:	VP-F	( ) Delete
Name:	BOUTWELL, MICHELE	
Address:	5153 PIRATES COVE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32203	
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:	DIR	( ) Delete
Name:	JAY, BYRON R	
Address:	4620 SUNBEAM STATION COURT	
City-St-Zip:	JACKSONVILLE, FL 32257	

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:	
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: BYRON R JAY DIR 04/27/2008
Electronic Signature of Signing Officer or Director — Date