

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009413

FILED  
Apr 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

GEANS, DORINDA K  
1512 CHATHAM COURT  
ST AUGUSTINE, FL 32092 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:

04/12/2009

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: P (X) Change ( ) Addition  
Name: GEANS, DORINDA K  
Address: 1512 CHATHAM COURT  
City-St-Zip: ST AUGUSTINE, FL 32092

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: DIR (X) Change ( ) Addition  
Name: JAY, BYRON R  
Address: 1512 CHATHAM COURT  
City-St-Zip: ST AUGUSTINE, FL 32092

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

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date