## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009413

FILED May 13, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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 ( )

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

GEANS-JAY, 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: GEANS-JAY, DORINDA K Address: 1512 CHATHAM COURT City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP-M

 Name:
 COOLEY, SHARON

 Address:
 2471 SPICER DRIVE

 City-St-Zip:
 BEAVERCREEK, OH 45431

Title: VP-F

Name: BOUTWELL, MICHELE
Address: 5153 PIRATES COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32203

Title: VP-S

Name: GEANS, PHYLLIS D
Address: 2120 WILDFLOWER LANE
City-St-Zip: BEAUMONT, TX 77713

Title: VP-B

Name: INGRAM, PHYLLIS

Address: 10276 MEADOW POINTE DRIVE City-St-Zip: JACKSONVILLE, FL 32221

Title: DIR

 Name:
 JAY, BYRON R

 Address:
 1512 CHATHAM COURT

 City-St-Zip:
 ST AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: BYRON R JAY DIR 05/13/2012