

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002602

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: JAN CARROLL'S HELPING HANDS OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

14206 NE COUNTY RD 1471  
WALDO, FL 32694

**New Principal Place of Business:**

**Current Mailing Address:**

14206 NE COUNTY RD 1471  
WALDO, FL 32694

**New Mailing Address:**

FEI Number: 02-0803395      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CARROLL, JAN  
14206 NE COUNTY RD 1471  
WALDO, FL 32694    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: D ( ) Delete  
Name: CARROLL, JAN  
Address: 14206 NE COUNTY RD 1471  
City-St-Zip: WALDO, FL 32694

Title: PRES ( ) Delete  
Name: CARROLL, RONN  
Address: 14206 NE COUNTY RD 1471  
City-St-Zip: WALDO, FL 32694

Title: OFF ( ) Delete  
Name: GOETZMAN, GARRY  
Address: P O BOX 449  
City-St-Zip: HAMPTON, FL 32044

Title: OFF ( ) Delete  
Name: JOHNSON, KAY  
Address: 7103 KING ST  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: OFF (X) Delete  
Name: GOETZMAN, KATHY  
Address: P.O. BOX 449  
City-St-Zip: HAMPTON, FL 32044

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

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

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

Title: OFF (X) Change ( ) Addition  
Name: JOHNSON, KAY  
Address: 7103 KING ST  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: OFF (X) Change ( ) Addition  
Name: JOHNSON, RAY  
Address: 7103 KING ST  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: JAN CARROLL

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

DIRE

04/08/2009

\_\_\_\_\_ Date