

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005022

FILED
Feb 02, 2009
Secretary of State

Entity Name: HELPING HANDS KINGDOM MINITRIES, INC.

Current Principal Place of Business:

1908 LAKE ALMA DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1908 LAKE ALMA DRIVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 26-0353861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESALLE, KEVIN
1908 LAKE ALMA DRIVE
APOPKA, FL 32712 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: DESALLE, KEVIN
Address: 1908 LAKE ALMA DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: BRALAND, DAVID
Address: 221 S. BOYD STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: DESALLE, SHARON
Address: 1908 LAKE ALMA DRIVE
City-St-Zip: APOPKA, FL 32712

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:

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: DAVID D. BRALAND

VP

02/02/2009

Electronic Signature of Signing Officer or Director

Date