

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008123

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: THE HELPING HAND MINISTRIES INC.

## Current Principal Place of Business:

19450 SW 125 AVE  
MIAMI, FL 33177

## New Principal Place of Business:

11620 SW 183 ST  
MIAMI, FL 33157

## Current Mailing Address:

19450 SW 125 AVE  
MIAMI, FL 33177

## New Mailing Address:

11620 SW 183 ST  
MIAMI, FL 33157

FEI Number: 80-0163397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRIGGER, ERIC  
19450 SW 125 AVE  
MIAMI, FL 33177 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: DP ( ) Delete  
Name: KRIGGER, ERIC  
Address: 19450 SW 125 AVE  
City-St-Zip: MIAMI, FL 33177

Title: DS ( ) Delete  
Name: CRIDER, CALVIN  
Address: 11620 SW 183 ST  
City-St-Zip: MIAMI, FL 33157

Title: DT ( ) Delete  
Name: CRIDER, TAMARA  
Address: 11620 SW 183 ST  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: DT ( ) Change (X) Addition  
Name: NOEL, VENLYN E  
Address: 12311 SW 259 TERRACE  
City-St-Zip: HOMESTEAD,, FL 33032

Title: DS ( ) Change (X) Addition  
Name: SOLOMON, EDDIE L  
Address: 10695 SW 172 ST  
City-St-Zip: MIAMI, FL 33157

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: TAMARA CRIDER

DT

04/29/2008

Electronic Signature of Signing Officer or Director

Date