## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000002886

Entity Name: HELPING HANDS MINISTRY NETWORK, INC.

FILED May 04, 2009 Secretary of State

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

2218 ALCLOBE CIRCLE 221 S. BOYD STREET

OCOEE, FL 34761 WINTER GARDEN, FL 34787

Current Mailing Address: New Mailing Address:

2218 ALCLOBE CIRCLE 221 S. BOYD STREET

OCOEE, FL 34761 WINTER GARDEN, FL 34787

FEI Number: 26-2253329 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BRALAND, DAVID D 221 S. BOYD STREET

WINTER GARDEN, FL 34787 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
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete Title: DIR (X) Change ( ) Addition
Name: OLMEDA, LETICIA Name: BRALAND, DAVID D
Address: 2218 ALCLOBE CIRCLE Address: 221 S. BOYD STREET
Office St. Zin: MAINTER CARDNIEL 24787

City-St-Zip: OCOEE, FL 34761 City-St-Zip: WINTER GARDN, FL 34787

Title: () Delete Title: DIR (X) Change ( ) Addition Name: TOWNSLEY, BARBARA Name: BRALAND, BRADLEY D Address: 4502 CORTEZ ROAD WEST Address: 223 S. BOYD STREET City-St-Zip: BRADENTON, FL 34210 City-St-Zip: WINTER GARDEN, FL 34787

Title: DIR ( ) Delete Title: DIR (X) Change ( ) Addition

Name:BRALAND, DAVID DName:ALDERMAN, STEVENAddress:221 S. BOYD STREETAddress:14317 PINE CONE TRAILCity-St-Zip:WINTER GARDEN, FL 34787City-St-Zip:CLERMONT, FL 34711

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 DIR 05/04/2009