2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# N08000005203

Entity Name: WITH YOUR HANDS UP MINISTRIES, INC.

Current Principal Place of Business:

2184 66TH AVENUE SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2184 66TH AVENUE SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

JONES, ANTHONY J
2184 66TH AVENUE SOUTH
ST PETERSBURG, FL 33712 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: PD ( ) Delete
Name: JONES, ANTHONY J
Address: 2184 66TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: VD ( ) Delete
Name: JONES, LYNDA K
Address: 2184 66TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: TD ( ) Delete
Name: GILBERT, BRENDA
Address: 4750 EMERSON AVE. SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: SD ( ) Delete
Name: JONES, ROXANNE
Address: 1639 SCOTT STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: JONES, GLENN
Address: 919 21ST STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

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: ( ) 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: ANTHONY J JONES PD 07/15/2009
Electronic Signature of Signing Officer or Director — Date