

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011745

FILED
Mar 18, 2011
Secretary of State

Entity Name: FRESH START HELPING HANDS MINISTRIES, INC.

Current Principal Place of Business:

390 MLK BLVD
GRETNA, FL 32332

New Principal Place of Business:

Current Mailing Address:

PO BOX 1277
QUINCY, FL 32353

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LILLIE O
390 MLK BLVD
GRETNA, FL 32332 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: CEOP
Name: WILLIAMS, LILLIE O
Address: 390 MLK BLVD
City-St-Zip: GRETNA, FL 32332

Title: D
Name: WILLIAMS, LILLIE O
Address: 390 MLK BLVD
City-St-Zip: GRETNA, FL 32332

Title: SD
Name: NELSON, TAWANNA
Address: P.O. BOX 1277
City-St-Zip: QUINCY, FL 32353

Title: D
Name: WILLIAMS, EMANUEL J
Address: 1045 GRAYSON OAKS DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: VD
Name: OLIVER, ANNETE
Address: 822 BRIAN DAV STREET
City-St-Zip: TALLAHASSEE, FL 32307

Title: TD
Name: WILLIAMS, MENDES M
Address: P.O. BOX 2011
City-St-Zip: QUINCY, FL 32353

I hereby 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 all other like empowered.

SIGNATURE: LILLIE O. WILLIAMS

CEOP

03/18/2011

Electronic Signature of Signing Officer or Director

Date