

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002120

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** HIS HANDS HELPING, INC.

**Current Principal Place of Business:**

17005 FLORENCE VIEW DRIVE  
MONTVERDE, FL 34756

**New Principal Place of Business:**

**Current Mailing Address:**

17005 FLORENCE VIEW DRIVE  
MONTVERDE, FL 34756

**New Mailing Address:**

**FEI Number:** 27-5140235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEILMANN, HERBERT  
17005 FLORENCE VIEW DRIVE  
MONTEVERDE, FL 34756 US

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

HEILMANN, HERBERT  
17005 FLORENCE VIEW DRIVE  
MONTVERDE, FL 34756 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

01/06/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HEILMANN, HERBERT  
Address: 17005 FLORENCE VIEW DRIVE  
City-St-Zip: MONTVERDE, FL 34756

Title: D  
Name: FIELDS, LAURENCE  
Address: 2737 KNIGHTBRIDGE RD  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: GIBBON, MARIAN  
Address: 1317 MEDIA RD  
City-St-Zip: MINNEOLA, FL 34715

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: HERBERT HEILMANN

D

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date