2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N24070

Entity Name: THE HELPING HAND MISSIONS OF SANTA ROSA COUNTY, INC. OF MILTON, FLORIDA

Current Principal Place of Business:

6423 HAMILTON BRIDGE RD.
MILTON, FL 325704625

New Principal Place of Business:

4682 HWY 90
PACE, FL 32571

Current Mailing Address:

6423 HAMILTON BRIDGE RD.
MILTON, FL 325704625

New Mailing Address:

P.O. BOX 457
MILTON, FL 325720457

FEI Number: 59-2863952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STAUFFER, SEAN P
6423 HAMILTON BRIDGE RD.
MILTON, FL 325704625 US

Name and Address of New Registered Agent:

MATLOCK, CANDY A
4682 HWY 90
PACE, FL 32571 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: CANDY A MATLOCK 03/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KELLEY, RANDAL
Address: 6826 MERTIS WAY
City-St-Zip: MILTON, FL 32583 US

Title: D ( ) Delete
Name: KING, MARY
Address: 7365 BEAVER CREEK ROAD
City-St-Zip: BAKER, FL 32531 US

Title: D ( ) Delete
Name: LUNSFORD, ROBERT
Address: 5466 RUSSSELL DRIVE
City-St-Zip: MILTON, FL 32570 US

Title: D ( ) Delete
Name: MARS, DEWEY
Address: 6423 HAMILTON BRIDGE RD.
City-St-Zip: MILTON, FL 325704625

Title: D (X) Delete
Name: STAUFFER, SEAN (SKIP)
Address: 4032 ERMINE STREET
City-St-Zip: MILTON, FL 32583

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: RANDAL KELLEY D 03/23/2009
Electronic Signature of Signing Officer or Director — Date