2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# N24070

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

Current Principal Place of Business:

4666 HWY 90
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 457
MILTON, FL 325720457

New Mailing Address:

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

Name and Address of Current Registered Agent:

STAUFFER, SEAN P
4032 ERIMNE LN
MILTON, FL 32583 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: VP
Name: KELLEY, RANDAL
Address: 6826 MERTIS WAY
City-St-Zip: MILTON, FL 32583 US

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

Title: S/T
Name: DONNELL, ROB
Address: 4074 WILLARD NORRIS RD
City-St-Zip: PACE, FL 32571 US

Title: P
Name: MARS, DEWEY
Address: 6423 HAMILTON BRIDGE RD.
City-St-Zip: MILTON, FL 325704625

Title: D
Name: HIVELY, CHRISTOPHER
Address: 5246 SEWELL RD
City-St-Zip: MILTON, FL 32570

Title: D
Name: JOHNSON, ELIZABETH
Address: 5604 BYROM ST
City-St-Zip: MILTON, FL 32570

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: SEAN P STAUFFER SEC 04/30/2011

Electronic Signature of Signing Officer or Director — Date