

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36238

FILED
Apr 03, 2007
Secretary of State

Entity Name: HELPING HANDS MINISTRIES, INCORPORATED

Current Principal Place of Business:

P O BOX 1542
MARIANNA, FL 32447542 US

New Principal Place of Business:

3148 BUMPNOSE RD
MARIANNA, FL 32446 US

Current Mailing Address:

P O BOX 1542
MARIANNA, FL 32447542 US

New Mailing Address:

FEI Number: 65-0167421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, ANGELA S
2864 LAWRENCEVILLE RD
COTTONDALE, FL 32431 US

Name and Address of New Registered Agent:

LANG, ANGELA S
3148 BUMPNOSE RD
MARIANNA, FL 32446 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: ANGELA S. LANG

04/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANG, LARRY R.,
Address: 2864 LAWRENCEVILLE RD
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: LANG, ANGELA S.,
Address: 2864 LAWRENCEVILLE RD
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: GRAY, STEPHEN L
Address: 74 JENNIFER DR.
City-St-Zip: ELLIJAY, GA 30540

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANG, LARRY R.,
Address: 3148 BUMPNOSE RD
City-St-Zip: MARIANNA, FL 32446

Title: D (X) Change () Addition
Name: LANG, ANGELA S.,
Address: 3148 BUMPNOSE RD
City-St-Zip: MARIANNA, FL 32446

Title: D (X) Change () Addition
Name: GRAY, STEPHEN L.,
Address: 74 JENNIFER DR.
City-St-Zip: ELLIJAY, GA 30540

Title: D () Change (X) Addition
Name: LAWRENCE, SUSAN,
Address: 4096 RODGERS RD.
City-St-Zip: GREENWOOD, FL 32443

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY R. LANG

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date