

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

DOCUMENT# N36238

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** HELPING HANDS MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

3148 BUMPNOSE RD  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**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  
3148 BUMPNOSE RD  
MARIANNA, FL 32446 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/24/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: LAWRENCE, SUSAN  
Address: 4096 RODGERS RD.  
City-St-Zip: GREENWOOD, FL 32443

Title: D  
Name: DEVORE, SHARON K.  
Address: 3038A MAGNOLIA ST  
City-St-Zip: MARIANNA, FL 32446

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: LARRY R. LANG

PRES

01/24/2012

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

\_\_\_\_\_  
Date