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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001732 (7)

1. Corporation Name
THE HELPING HANDS MINISTRIES "ACCORDING TO OUR LORD", INC.

Principal Place of Business Mailing Address
P O BOX 585325 ORLANDO FL 32858-5325 P O BOX 585325 ORLANDO FL 32858-5325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/First or Qualified 04/16/1993 3a. Date of Last Report 07/29/1994
4. FEI Number 59-3136343 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 585027 26 P.O. Box 585027
22 State, Apt. #, etc. 27 State, Apt. #, etc.
23 City & State 28 City & State
24 32858-5027 25 U.S.A. 29 32858-5027 30 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ORR, PAULINE L
3928 COUNTRY CLUB DRIVE #33
ORLANDO FL 32808

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Type or Print Name of Registered Agent and Mailing Agent) _____ (Type or Print Name of Registered Agent and Mailing Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, PAULINE L	12 NAME	
STREET ADDRESS	3928 COUNTRY CLUB DR #33	13 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32808	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEMORE, MAE R	22 NAME	WHITMORE
STREET ADDRESS	7413 COVINA COURT	23 STREET ADDRESS	4717 ROLLING OAKS DRIVE
CITY, ST, ZIP	ORLANDO FL 32810	24 CITY, ST, ZIP	32818
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRADLEY, VELICIA J	32 NAME	
STREET ADDRESS	1033 COLUMBIA STREET	33 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32805	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(2)(B), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee or trustee-in-waiting and am authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes to an attached list with an address.

SIGNATURE:  April 28th 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR