

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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: P. O. BOX 585027, ORLANDO FL 32858-5027, US  
 Mailing Address: P. O. BOX 585027, ORLANDO FL 32858-5027, US

3. Date Incorporated or Qualified: 04/16/1993  
 3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)  
 2a. Mailing Address (26)  
 Suite, Apt. #, etc. (22)  
 City & State (23)  
 Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3136343  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CPD	<input type="checkbox"/>
NAME	ORR, PAULINE L	
STREET ADDRESS	3928 COUNTRY CLUB DR #33	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/>
NAME	WHITMORE, MAE R	
STREET ADDRESS	4717 ROLLING OAKS DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/>
NAME	SPRADLEY, VELICIA J	
STREET ADDRESS	1033 COLUMBIA STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	32808	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME	Whitmore, MAE R.		
2.3 STREET ADDRESS	4717 Rolling Oaks Drive		
2.4 CITY-ST-ZIP	32808	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, that I am an officer or director of the corporation and the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pauline Orr Date: August 4, 1996 Daytime Phone #: 363-5717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)