

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002502

1. Entity Name

HELFIN' HAND OUTREACH MINISTRIES, INC.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90032 001 \*\*\*122.50

Principal Place of Business

8015 W. SAMPLE RD.  
 CORAL SPRINGS FL 33065

Mailing Address

P.O. BOX 596  
 POMPANO BEACH FL 33061-0596

2. Principal Place of Business

9881 W. Sample Rd  
 Suite, Apt. #, etc.

3. Mailing Address

Same

City & State

Coral Springs Fla.

City & State

Same

4. FEI Number

65-0413273

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MORRIS, FELTON L  
 8015 W. SAMPLE RD.  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9881 W. Sample Rd  
 Coral Springs Fla - 33

City

FL

Zip Code

33065

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	MORRIS, FELTON L	
STREET ADDRESS	10540 N.W. 43 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MORRIS, CHRISTINE	
STREET ADDRESS	10540 N.W. 43 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input type="checkbox"/> Delete
NAME	BATTLE, LATOYA	
STREET ADDRESS	4201 N. RIVERSIDE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARLAND, TIFFANY	
STREET ADDRESS	4011 WOUTH WOODSIDE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORRIS, FELTON L III	
STREET ADDRESS	4011 SOUTH WOODSIDE DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same address
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same address
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same address
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2611 North Riverside apt 8
CITY-ST-ZIP	Coral Springs Fla 33065
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2611 North Riverside Dr.
CITY-ST-ZIP	Coral Springs Fla-33065
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Felton L Morris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00  
 Date

Date

Daytime Phone #

CR2E037 (9/99)