2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 29, 2004 8:00 am DOCUMENT # N93000002502 **Secretary of State** 03-29-2004 90398 025 ****61.25 HELPIN' HAND OUTREACH MINISTRIES, INC. Principal Place of Business Mailing Address 8017 W. SAMPLE RD. **PO BOX 596** CORAL SPRING FL 33065 POMPANO BEACH FL 33061 2. Principal Place of Business 3. Mailing Address 8017W-CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0413273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MORRIS, FELTON L Street Address (P.O. Box Number is Not Acceptable) 10540 N.W. 43 S.E. **CORAL SPRING FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2004 Trust Fund Contribution Added to Fees Florida Department of State 16. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition MORRIS, FELTON L NAME NAME 10540 N.W. 43 ST. STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORRIS, CHRISTINE NAME NAME 10540 N.W. 43 ST. STREET ADDRESS CORAL SPRINGS FL 33065 City_St_Zip CITY-ST-Z/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATTLE, LATOYA NAME NAME 8021 N.W. 43 ST. STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARLAND, TIFFANY NAME NAME 4580 N.W. 79 TERR STREET ADDRESS STREET ADDRESS CORAL SPRING FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MORRIS, FELTON L III NAME NAME 4580 N.W. 79 TERR, STREET ADDRESS STREET ADDRESS CORAL SPRING FL 33065 CiTY-ST-7IP City-St-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #