

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 004 ****61.25

DOCUMENT # N93000002502

1. Entity Name

HELFIN' HAND OUTREACH MINISTRIES, INC.



Principal Place of Business

8017 W. SAMPLE RD.
CORAL SPRING FL 33065

Mailing Address

PO BOX 596
POMPANO BEACH FL 33061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

MORRIS, FELTON L
10540 N.W. 43 S.E.
CORAL SPRING FL 33065

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida 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	8021 N.W. 43 ST.	
CITY- ST- ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARLAND, TIFFANY	
STREET ADDRESS	4580 N.W. 79 TERR	
CITY- ST- ZIP	CORAL SPRING FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORRIS, FELTON L III	
STREET ADDRESS	4580 N.W. 79 TERR.	
CITY- ST- ZIP	CORAL SPRING 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
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Same
CITY- ST- ZIP	
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

4/27/05

954-346-7229

Daytime Phone #