

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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05 MAY -1 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001472442
05/03/95--01023--005
DO NOT WRITE IN THESE SPACES \$138.75

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000000726
1. Corporation Name
Helping Hands of Jesus Ministries, Inc.

Principal Place of Business Mailing Address
1951 S.W. 69 Ave #211 1951 S.W. 69 Ave #211
Pembroke Pines, FL 33023 Pembroke Pines, FL 33023

3. Date Incorporated or Qualified Feb. 9, 1994
3a. Date of Last Report N/A
4. FEI Number 65-0512018 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
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

2. Principal Place of Business 2a. Mailing Address
21 1951 S.W. 69 Ave 26 P.O. Box 3691
Suite, Apt #, etc. Suite, Apt #, etc.
22 203 27
City & State City & State
23 Pembroke Pines, FL. 28 Miramar, FL.
Zip County, Zip County,
24 33023 25 U.S.A. 29 33083 30 U.S.A.

9. Name and Address of Current Registered Agent
Rev. Robert Isidore Krapes
1951 S.W. 69 Ave #211
Pembroke Pines, FL 33023

10. Name and Address of New Registered Agent
B1 Name Rev. Robert Isidore Krapes
B2 Street Address (P.O. Box Number is Not Acceptable) 1951 S.W. 69 Ave #203
B3
B4 City Pembroke Pines FL B5 Zip Code 33023

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Rev. Robert I. Krapes Rev. Robert I. Krapes 4-10-95
(Signature of person named in registered report and the registered agent) (Date) (Signature of person named in registered report and the registered agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P. C.
NAME	Rev. Robert I. Krapes
STREET ADDRESS	1951 S.W. 69 Ave #211
CITY ST ZIP	Pembroke Pines, FL 33023
TITLE	✓
NAME	Sheila R. Krapes
STREET ADDRESS	1951 S.W. 69 Ave #211
CITY ST ZIP	Pembroke Pines, FL 33023
TITLE	S. T. D.
NAME	Gertrude Rebecca Krapes
STREET ADDRESS	7360 Cleveland St.
CITY ST ZIP	Hollywood, FL 33024
TITLE	D.
NAME	Ken Weiss
STREET ADDRESS	1425 Pinewalk Dr. North
CITY ST ZIP	Margate, FL 33063
TITLE	D.
NAME	Virginia Lucille Weiss
STREET ADDRESS	1425 Pinewalk Dr. North
CITY ST ZIP	Margate, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12

11 TITLE	P. C. S. T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rev. Robert I. Krapes	
13 STREET ADDRESS	1951 S.W. 69 Ave #203	
14 CITY ST ZIP	Pembroke Pines, FL 33023	
21 TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Sheila R. Krapes	
23 STREET ADDRESS	1951 S.W. 69 Ave #203	
24 CITY ST ZIP	Pembroke Pines, FL 33023	
31 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gertrude Rebecca Krapes	
33 STREET ADDRESS	7360 Cleveland St.	
34 CITY ST ZIP	Hollywood, FL 33024	
41 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Paul James Figurelli	
43 STREET ADDRESS	9720 NW 2 Ave 2000 APT	
44 CITY ST ZIP	Miami Shores, FL 33185	
51 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Anthony Samuel Figurelli	
53 STREET ADDRESS	9720 NW 2 Ave 2000 APT	
54 CITY ST ZIP	Miami Shores, FL 33185	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct, and qualify for the exemption stated in Section 191.02(9)(b), Florida Statutes. I further certify that the information submitted 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 or the receiver or trustee empowered to file this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 1, or Block 1.1 of this report, or on an attachment with an address.

SIGNATURE: Rev. Robert I. Krapes Rev. Robert I. Krapes 4-10-95 483 2226
(Signature and typed or printed name of signing officer or director) (Date)