


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90018 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005863**

1. Corporation Name

**HELPING HANDS OUTREACH MINISTRIES, INC.**

Principal Place of Business  
3370 N CITRUS AVE  
CRYSTAL RIVER FL 34428

Mailing Address  
3370 N CITRUS AVE  
CRYSTAL RIVER FL 34428



<b>2. Principal Place of Business</b> 21 <u>635 N. E. 2nd ave</u> Suite, Apt. #, etc. 22 City & State 23 <u>Crystal River, FL</u> Zip 24 <u>34428</u> Country 25 <u>Citrus</u>	<b>2a. Mailing Address</b> 26 <u>P.O. Box 1943</u> Suite, Apt. #, etc. 27 City & State 28 <u>Crystal River, FL</u> Zip 29 <u>34423</u> Country 30 <u>Citrus</u>	<b>3. Date Incorporated or Qualified</b> <u>11/13/1996</u> <b>4. FEI Number</b> <u>59-3412634</u> Applied For No Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution
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9. Name and Address of Current Registered Agent

**RIGGS, RANDY T**  
6377 WEST MANGO LANE  
CRYSTAL RIVER FL 34429

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, RANDY T	1.2 NAME	
STREET ADDRESS	6377 WEST MANGO LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	1.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, JAMES F	2.2 NAME	Griggs, James F.
STREET ADDRESS	3370 N CITRUS AVE	2.3 STREET ADDRESS	1392 N. Citrus Ave
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	2.4 CITY-ST-ZIP	Crystal River, AL 34428
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, DENA K	3.2 NAME	
STREET ADDRESS	6377 WEST MANGO LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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, with a I other like empowered.

SIGNATURE:

*Randy Riggs* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 25, 1999* **352-795-0318**  
Date Daytime Phone # **352-964-1144**

CR2E037 (11/98)