

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002602

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC9438013387**

**Entity Name:** JAN CARROLL'S HELPING HANDS OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

14206 NE COUNTY ROAD 1471  
WALDO, FL 32694

**Current Mailing Address:**

14206 NE COUNTY ROAD 1471  
WALDO, FL 32694

**FEI Number: 02-0803395**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CARROLL, JAN  
14206 NE COUNTY ROAD 1471  
WALDO, FL 32694 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            OWNER-DIRECTOR  
Name            CARROLL, JAN  
Address        14206 NE COUNTY ROAD 1471  
City-State-Zip: WALDO FL 32694

Title            OFFICER  
Name            CARROLL, RONN  
Address        14206 NE COUNTY ROAD 1471  
City-State-Zip: WALDO FL 32694

Title            SECRETARY  
Name            ROSS, JOYCE  
Address        14206 NE COUNTY ROAD 1471  
City-State-Zip: WALDO FL 32694

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAN CARROLL**

**OWNER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date