

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010218

Entity Name: THE GRACE MINISTRY OF HELPING HANDS, INC.**Current Principal Place of Business:**1620 NALDO AVENUE
JACKSONVILLE, FL 32207**Current Mailing Address:**1620 NALDO AVENUE
JACKSONVILLE, FL 32207 US**FEI Number:** 30-0527092**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMONIC, SIMONIC, RATNECHT & ASSOCIATES
8750 PERIMETER PARK BLVD
ATTN: SARA BLACKBURN 2ND FLOOR
JACKSONVILLE, FL 32216 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:** SARA BLACKBURN

04/18/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CO-FOUNDER, PRESIDENT,
DIRECTOR**Name** JACKSON, KATHLEEN KAY**Address** 1620 NALDO AVENUE**City-State-Zip:** JACKSONVILLE FL 32207**Title** VP, DIRECTOR**Name** SWEENEY, CARLA**Address** 1620 NALDO AVE**City-State-Zip:** JACKSONVILLE FL 32207**Title** TREASURER, DIRECTOR**Name** BLACKBURN, SARA E**Address** 8750 PERIMETER PARK BLVD
2ND FLOOR**City-State-Zip:** JACKSONVILLE FL 32216**Title** SECRETARY**Name** ALMOND, SILIVIA**Address** 1620 NALDO AVE**City-State-Zip:** JACKSONVILLE FL 32207

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: KATHLEEN JACKSON**PRESIDENT**

04/18/2025

Electronic Signature of Signing Officer/Director Detail

Date