

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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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:**MILLER, ROY
8834 GOODBY'S EXECUTIVE DRIVE
#6
JACKSONVILLE, FL 32217 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	CO-FOUNDER, PRESIDENT, DIRECTOR
Name	JACKSON, KATHLEEN KAY
Address	1620 NALDO AVENUE
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP, SECRETARY, DIRECTOR
Name	LEVY, FRANCINE H.
Address	1620 NALDO AV
City-State-Zip:	JACKSONVILLE FL 32207

Title	TREASURER, DIRECTOR
Name	CHRITTON, VALERIE C.
Address	1620 NALDO AV
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: VALERIE C. CHRITTON**TREASURER****03/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date