

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004888

**Entity Name:** C.B. HELPING HANDS MINISTRIES CORPORATION

**Current Principal Place of Business:**

3353 DUNN AVE  
UNIT 5,6  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O. BOX 7115  
GRANTS, NM 87020 US

**FEI Number:** 45-4424911

**Certificate of Status Desired:** Yes

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

INUSAH, SHELIA APOSTLE  
3353 DUNN AVE UNIT 5  
JACKSONVILLE, FL 32218 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:** SHELIA INUSAH

01/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CP  
Name INUSAH, SHELIA G APOSTLE  
Address 13296 SMITHWICK LANE  
City-State-Zip: JACKSONVILLE FL 32226

Title DVP  
Name BENJAMIN, CHRISTOPHER  
Address 115 FOXWOOD CIRCLE  
City-State-Zip: OLIVER SPRINGS TN 37840

Title D  
Name ANDERSON, STEPHANIE  
Address 4196 ANDERSONWOOD DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title S  
Name SMITH, JESSICA  
Address 112 MIDWAY DRIVE  
City-State-Zip: OLIVER SPRINGS TN 37840

Title T  
Name KIRK, WILMA  
Address 476 WILLIAMS DRIVE  
City-State-Zip: CHATTANOOGA TN 37421

*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:** SHELIA G INUSAH

OWNER/PRESIDENT

01/04/2021

Electronic Signature of Signing Officer/Director Detail

Date