

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000382

**Entity Name:** HELPING HANDS MISSIONARY MINISTRY, INC.

**Current Principal Place of Business:**

7601 ALTON AVE  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

7601 ALTON AVE  
JACKSONVILLE, FL 32211 US

**FEI Number: 86-1488469**

**Certificate of Status Desired: Yes**

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

RUIZ RIVERA, MARIALI  
7601 ALTON AVE  
JACKSONVILLE, FL 32211 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            PRESIDENT  
Name            RUIZ RIVERA, MARIALI  
Address        7601 ALTON AVE  
City-State-Zip: JACKSONVILLE FL 32211

Title            SECRETARY  
Name            RIVERA GARCIA, LILLIAN D  
Address        7601 ALTON AVE  
City-State-Zip: JACKSONVILLE FL 32211

Title            TREASURER  
Name            RIVERA GARCIA, LILLIAN D  
Address        7601 ALTON AVE  
City-State-Zip: JACKSONVILLE FL 32211

Title            ORDAINED MISSIONARY  
Name            RUIZ RIVERA, MARIALI  
Address        7601 ALTON AVE  
City-State-Zip: JACKSONVILLE FL 32211

*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: MARIALI RUIZ RIVERA**

**PRESIDENT**

**04/01/2022**

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

\_\_\_\_\_  
Date