

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712404

FILED
Apr 28, 2009
Secretary of State

Entity Name: LEND-A-HAND OF PENSACOLA, INC.

Current Principal Place of Business:

101 E. ROMANA STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

C/O JULIA SHERELIS, NIXON PEABODY
1100 CLINTON SQUARE
ROCHESTER, NY 14603

New Mailing Address:

FEI Number: 59-1644971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, CARL
101 E. ROMANA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

THOMAS, CAROL
101 E. ROMANA STREET
PENSACOLA, FL 32502 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: CAROL THOMAS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DOYLE, KEVIN
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: HARTLEY, TOM
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: BOLES, REBECCA
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: TD () Delete
Name: ELLIS, NICOLE
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: THOMAS, CARL
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: C () Delete
Name: MARTORE, GRACIA
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WAITE, AMANDA
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SD (X) Change () Addition
Name: THOMAS, CAROL
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN DOYLE

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date