

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003355

FILED
Sep 05, 2007
Secretary of State

Entity Name: LOVING HANDS BLIND ELDERLY & HANDICAP SENIORS, INC.

Current Principal Place of Business:

4817 JUDY ANN CT
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 533004
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 81-0648420 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BANKS, BOBBIE A
4817 JUDY ANN CT.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BANKS, BOBBIE A
Address: 4817 JUDY ANN CT.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: ANDERSON, DAMIAN
Address: 2003 VILLAGE GREEN
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: BLACK, ANNIE P
Address: 324 NORTH POWERS
City-St-Zip: ORLANDO, FL 32810

Title: DS () Delete
Name: ESSUMAN, REBECCA
Address: 2704 SILVERHILL APT 1
City-St-Zip: ORLANDO, FL 32818

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: () 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: BOBBIE BANKS

PRES

09/05/2007

Electronic Signature of Signing Officer or Director

_____ Date