

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007209

FILED
Apr 27, 2005
Secretary of State

Entity Name: COMPASSIONATE HEARTS - SERVING HANDS, INC.

Current Principal Place of Business:

2300 NW 22 ST.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2300 NW 22 ST.
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-1052213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, APRIL
2300 NW 22 ST.
FORT LAUDERDALE, FL 33311 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: PD () Delete
Name: MCCORMICK, SAMUEL
Address: 2300 NW 22 ST.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DS () Delete
Name: MEREDITH, FRANCES
Address: 2300 NW 22 ST.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DT () Delete
Name: GAINES, ANGELA
Address: 2300 NW 22 ST.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: BM () Delete
Name: JULE, GILBERT
Address: 2300 NW 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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 for the exemption stated in Section 119.07(3)(i), 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: SAMUEL MCCORMICK

PD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date