

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007209

**FILED**  
**Apr 30, 2010**  
**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  
Name: MCCORMICK, SAMUEL  
Address: 2300 NW 22 ST.  
City-St-Zip: FT. LAUDERDALE, FL 33311

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

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

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

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: APRIL RYMER

RA

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date