

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002714

FILED
Jan 08, 2008
Secretary of State

Entity Name: HANDS TOGETHER OF THE PALM BEACHES, INC.

Current Principal Place of Business:

12415 INDIAN ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

12415 INDIAN ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANDERSON, NANCY
12415 INDIAN ROAD
NORTH PALM BEACH, FL 33408 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: D () Delete
Name: ANDERSON, NANCY
Address: 12415 INDIAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: ANDERSON, ROBERT II
Address: 12415 INDIAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: PIERRE-LOUIS, ANDRE D.
Address: 500 EXECUTIVE CENTER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: ANDERSON, NANCY
Address: 12415 INDIAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name: ANDERSON, ROBERT II
Address: 12415 INDIAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D (X) Change () Addition
Name: PIERRE-LOUIS, ANDRE D.
Address: 2121 OAKMONT DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

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: NANCY ANDERSON

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date