2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01064

Entity Name: LOVING HANDS MINISTRIES, INC.

Apr 18, 2019 **Secretary of State** 6192851901CC

FILED

Current Principal Place of Business:

9511 36 AVE E

PALMETTO, FL 34221

Current Mailing Address:

P.O. BOX 1157

BRADENTON, FL 34206-1157 US

FEI Number: 59-2573982 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VANBLARCOM, JOSEPH ESQ. 9511 36 AVE E

PALMETTO, FL 34221 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: JOSEPH VANBLARCOM 04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

WILSON-DODSON, KIMBERLY F Name Name HAMBLEN, JOSEPH

5808 TRAVISTA PL 3115 46TH STREET EAST Address Address

City-State-Zip: PALMETTO FL 34221 PALMETTO FL 34221 City-State-Zip:

DIRECTOR Title Title DIRECTOR, TREASURER,

SECRETARY

Name WILSON, DONALD VANBLARCOM, JOSEPH ESQ. Name Address 5116 MELBOURNE STREET

5718 FRENCH CREEK CT Address **UNIT # 2104**

City-State-Zip: PUNTA GORDA FL 34223 City-State-Zip: ELLENTON FL 34221

Title **DIRECTOR** Title **DIRECTOR**

Name RHOADES, DAVID Name HENSEL, JOHN R.

Address 2680 TEMPLE ST Address 1299 PIPER RD.

SARASOTA FL 34239 City-State-Zip: City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR

HILD, WILLIAM H. JR. Name

1670 MAIN ST Address

STE 200

City-State-Zip: SARASOTA FL 34236

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: JOSEPH VANBLARCOM **ADMINISTRATIVE**

DIRECTOR

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date