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: DEBBIE NORMAN

I

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

### C

Electronic Signature of Registered Agent					
Officer/Director Detail :					
Title	ED	Title	PD		
Name	VALLES, MARY LOU	Name	NORMAN, DEBBIE		
Address	888 SPANISH MOSS DRIVE	Address	1247 LAURA STREET		
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	CASSELBERRY FL 32707		
Title	D				
Name	PAPAGEORGIOU, DENISE				
Address	6015 FOREST CITY RD.				
City-State-Zip:	ORLANDO FL 32810				

### 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.

# Name and Address of Current Registered Agent:

**Current Mailing Address:** 

109 LIVE OAK BLVD. #181127

SIGNATURE: DEBBIE NORMAN

### FEI Number: 35-2386617

NORMAN, DEBBIE

1247 LAURA STREET CASSELBERRY, FL 32707 US

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N1000005397

Entity Name: HEAVENLY HANDS FOR CHARITIES, INC.

## **Current Principal Place of Business:**

888 SPANISH MOSS DRIVE CASSELBERRY, FL 32707

CASSELBERRY, FL 32718 US

# Jun 23, 2020 Secretary of State 9667358510CC

Certificate of Status Desired: No

FILED

06/23/2020

06/23/2020 Date

Date