

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005397

**Entity Name:** HEAVENLY HANDS FOR CHARITIES, INC.

**Current Principal Place of Business:**

109 LIVE OAK BLVD.  
#181127  
CASSELBERRY, FL 32718

**Current Mailing Address:**

109 LIVE OAK BLVD.  
#181127  
CASSELBERRY, FL 32718 US

**FEI Number: 35-2386617**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VALLES, MARY LOU  
2214 STALLION CT.  
ORLANDO, FL 32822 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ED  
Name VALLES, MARY LOU  
Address 2914 STALLION CT.  
City-State-Zip: ORLANDO FL 32822

Title PD  
Name NORMAN, DEBBIE  
Address 610 ORANGE DR., #186  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D  
Name PAPAGEORGIOU, DENISE  
Address 979 FEATHER DR.  
City-State-Zip: DELTONA FL 32714

*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**

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date