

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005397

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

**Current Principal Place of Business:**

1247 LAURA STREET  
CASSELBERRY, FL 32707

**Current Mailing Address:**

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

**FEI Number:** 35-2386617

**Certificate of Status Desired:** Yes

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

NORMAN, DEBBIE  
1247 LAURA STREET  
CASSELBERRY, FL 32707 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:** DEBBIE NORMAN

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name VALLES, MARY LOU  
Address 888 SPANISH MOSS DRIVE  
City-State-Zip: CASSELBERRY FL 32707

Title PD  
Name NORMAN, DEBBIE  
Address 1247 LAURA STREET  
City-State-Zip: CASSELBERRY FL 32707

Title D  
Name PAPAGEORGIU, DENISE  
Address 6015 FOREST CITY RD.  
City-State-Zip: ORLANDO FL 32810

Title PR  
Name BARDONNEX, DEBORAH  
Address 347 ORANGE AVENUE  
City-State-Zip: LONGWOOD FL 32750

Title ES  
Name JIMENEZ, WILFRED  
Address 5549 MICHELLE AVENUE  
City-State-Zip: ORLANDO FL 32810

*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

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date