# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N12000006961

Entity Name: HANDS OF LOVE OF KISSIMMEE INC

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

1913 LA ESTANCIA CIR. KISSIMMEE, FL 34741

## **Current Mailing Address:**

P. O. BOX 420696 KISSIMMEE, FL 34742 US

# FEI Number: 46-0601463

### Name and Address of Current Registered Agent:

GUADALUPE, RUTH Z 1913 LA ESTANCIA CIR. KISSIMMEE, FL 34741 US

#### Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

| Title           | DP                    | Title           | VPD                    |
|-----------------|-----------------------|-----------------|------------------------|
| Name            | GUADALUPE, RUTH Z     | Name            | URIBE, RAUL            |
| Address         | 1913 LA ESTANCIA CIR. | Address         | 1499 N JOHN YOUNG PKWY |
| City-State-Zip: | KISSIMMEE FL 34741    | City-State-Zip: | KISSIMMEE FL 34741     |
| Title           | SD                    | Title           | TD                     |
| Name            | MARIN, JESSICA        | Name            | LEON, BEATRIZ          |
| Address         | 1504 SUNSET VIEW CIR. | Address         | 2467 LUNYON CIR        |
| City-State-Zip: | ATOPAA FL 32703       | City-State-Zip: | KISSIMMEE FL 34741     |
| Title           | D                     |                 |                        |
| Name            | RIVERA, WANDA         |                 |                        |
| Address         | 943 CAMBRIDGE CT      |                 |                        |
| City-State-Zip: | KISSIMMEE FL 34758    |                 |                        |

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.

DP

#### SIGNATURE: RUTH Z. GUADALUPE

Electronic Signature of Signing Officer/Director Detail

04/22/2014

# FILED Apr 22, 2014 Secretary of State CC7714555827

Date