

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006961

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC9484239501**

**Entity Name:** HANDS OF LOVE OF KISSIMMEE INC

**Current Principal Place of Business:**

1499 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

**Current Mailing Address:**

PO BOX 420696  
KISSIMMEE, FL 34742 US

**FEI Number:** 46-0601463

**Certificate of Status Desired:** No

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

GUADALUPE, RUTH Z  
1913 LA ESTANCIA CIR.  
KISSIMMEE, FL 34741 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 DP  
Name GUADALUPE, RUTH Z  
Address 1913 LA ESTANCIA CIR.  
City-State-Zip: KISSIMMEE FL 34741

Title V  
Name RIVERA, WANDA  
Address 943 CAMBRIDGE COURT  
City-State-Zip: KISSIMMEE FL 34758

Title S  
Name GOOD, DAVID  
Address 1648 MARINA LK DR.  
City-State-Zip: KISSIMMEE FL 34744

Title T  
Name ORTIZ, NORMA  
Address 703 VIRGINIA WOOD LANE  
City-State-Zip: ORLANDO FL 32824

*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:** RUTH Z. GUADALUPE

**PRESIDENT**

**02/15/2017**

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

\_\_\_\_\_  
Date