2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N00000003060

Entity Name: WORKING HANDS FOR THE ELDERLY AND DISABLED, INC.

Current Principal Place of Business:

307 FLORIDA AVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

307 FLORIDA AVE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3645571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIMBROUGH, LINDA
307 FLORIDA AVE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KIMBROUGH, LINDA	
Address:	307 FLORIDA AVE	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	DV	( ) Delete
Name:	MANLEY, THEOPHILUS	
Address:	4702 AVON ST	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	DS	( ) Delete
Name:	MACK, BETTY	
Address:	4702 AVON STREET	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	DT	( ) Delete
Name:	HUMPHREY, PAMELA	
Address:	209 C STREET	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	MACK, THOMAS L	
Address:	4702 AVON ST	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	EDWARDS, WILLIE	
Address:	644 CARVER DRIVE	
City-St-Zip:	LAKE WALES, FL 33853	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA KIMBROUGH PD 04/25/2006

Electronic Signature of Signing Officer or Director — Date