

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001806

FILED  
Jun 19, 2009  
Secretary of State

**Entity Name:** SADIE HOLMES HELP SERVICE INC.

**Current Principal Place of Business:**

1280 AMANDA STREET  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

1280 AMANDA STREET  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3651361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HOLMES, SADIE  
1280 AMANDA STREET  
ALTAMONTE SPRINGS, FL 32701      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

**OFFICERS AND DIRECTORS:**

Title: CEO      ( ) Delete  
Name: HOLMES, SADIE  
Address: 1280 AMANDA STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: PRE      ( ) Delete  
Name: REED, KATHLEEN  
Address: 1441 LAKE ELLEN DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D.      ( ) Delete  
Name: HODSON, DORTHY  
Address: 511 PEACH TREE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D      ( ) Delete  
Name: SEALY, LORISA  
Address: 161 OAK AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: CPA      ( ) Delete  
Name: LYNN, DICKSON  
Address: 928 LARSON DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PRE      (X) Change ( ) Addition  
Name: JACOB, HOLMES  
Address: 622  
City-St-Zip: PLUM LANE, FL 32707 US

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 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: SADIE HOLMES

CEO

06/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date