

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004261

FILED
May 01, 2006
Secretary of State

Entity Name: CAREGIVERS HELPING HAND, INC.

Current Principal Place of Business:

2621 EAST LAKE AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

2621 EAST LAKE AVENUE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3725768 **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:

HILLS-ACKBAR, RICHEDEAN
2621 EAST LAKE AVENUE
TAMPA, FL 33610 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: PD () Delete
Name: HILLS ACKBAR, RICHEDEAN
Address: 2621 EAST ALEK AVE.
City-St-Zip: TAMPA, FL 33610

Title: VPD () Delete
Name: FORD, TIA
Address: 9506 WINDERMERE PARK. CIR. #303
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: PEARSON, PAULETTE
Address: 2619 E. 26TH AVE.
City-St-Zip: TAMPA, FL 33622

Title: SD () Delete
Name: MARTIN, TIA
Address: 6208 ROLLING HAMMOCK PLACE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: VELEZ, MARIE
Address: 2001 EAST HILLSBROUGH AVE.
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: AKBAR, TANYA
Address: 3614 OSBORNE AVE.
City-St-Zip: TAMPA, FL 33610

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: RICHEDEAN HILLS-ACKBAR

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date