

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004261

FILED  
Apr 30, 2007  
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 ( )

## Name and Address of Current Registered Agent:

HILLS-ACKBAR, RICHEDEAN  
2621 EAST LAKE AVENUE  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

HILLS-ACKBAR, RICHEDEAN Y CEO  
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: RICHEDEAN HILLS-ACKBAR

04/30/2007

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: SD (X) Change ( ) Addition  
Name: WATTS, THOMASINE  
Address: 1415 FOXBORO DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: D (X) Change ( ) Addition  
Name: COLE, SAMANTHA  
Address: 2026 BURPEE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

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: RICHEDEAN HILLS-ACKBAR

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date