2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# N01000004261

Entity Name: CAREGIVERS HELPING HAND, INC.

Current Principal Place of Business:

2621 EAST LAKE AVE
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 Y CEO
2621 EAST LAKE AVENUE
TAMPA, FL 33610 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
Name: TAWWAB, ARBRA
Address: 2621 EAST LAKE AVE.
City-St-Zip: TAMPA, FL 33610

Title: VPD
Name: BETHAL, BARBARA
Address: 2329 WEST LA SALLE STREET
City-St-Zip: TAMPA, FL 33607

Title: VPD
Name: ODOM, URSULA
Address: 235 WEST BRANDON BLVD
City-St-Zip: TAMPA, FL 33511

Title: SD
Name: POLITE, YVETTE
Address: 621 HUNTINGTON STREET
City-St-Zip: BRANDON, FL 33511

Title: TD
Name: COLE, SAMANTHA
Address: 2621 EAST LAKE AVE
City-St-Zip: TAMPA, FL 33610

Title: D
Name: BROOKS, ANNETTE
Address: 7217 CYPRESS LAKE DRIVE
City-St-Zip: TAMPA, FL 33610

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: RICHEDEAN HILLS-ACKBAR CEO 02/28/2011

Electronic Signature of Signing Officer or Director — Date