

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01064

FILED
Jul 20, 2009
Secretary of State

Entity Name: LOVING HANDS MINISTRIES, INC.

Current Principal Place of Business:

9511 36 AVE E
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1157
BRADENTON, FL 342061157 US

New Mailing Address:

FEI Number: 59-2573982 **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:

WILSON, WENDELL C
9511 36TH AVE E
PALMETTO, FL 34221 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: WILSON, WENDELL C
Address: 9511 36TH AVE. EAST
City-St-Zip: PALMETTO, FL

Title: D () Delete
Name: WILSON, DORIS J
Address: 9511 36TH AVE EAST
City-St-Zip: PALMETTO, FL 34221 US

Title: SD () Delete
Name: DODSON, KIM F
Address: 4307 14TH AVE E
City-St-Zip: BRADENTON, FL 34208 US

Title: D () Delete
Name: ROGERS, JERRY
Address: PO BOX 346
City-St-Zip: BRADENTON, FL 34206 US

Title: D () Delete
Name: RUTZEN, GEOFFREY
Address: 34430 ORCHID PKWY
City-St-Zip: RIDGE MANOR, FL 33525 US

Title: D () Delete
Name: VAN BLARCOM, JOSEPH
Address: P.O. BOX 4174
City-St-Zip: LAKE WALES, FL 33859

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
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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: KIM DODSON

SD

07/20/2009

Electronic Signature of Signing Officer or Director

Date