

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001764

FILED
Apr 22, 2005
Secretary of State

Entity Name: HANDS OF COMPASSION INTERNATIONAL, INC.

Current Principal Place of Business:

623 SYLVAN RESERVE COVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

623 SYLVAN RESERVE COVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 04-3621659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIXON, THOMAS T
623 SYLVAN RESERVE COVE
SANFORD, FL 32771 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: D () Delete
Name: GENTRY, MELVIN
Address: 700 NEPTUNE RD.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: NIXON, THOMAS T
Address: 623 SYLVAN RESERVE COVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: NIXON, PEGGY
Address: 623 SYLVAN RESERVE COVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: SEAYER, MYRTLE
Address: 138 BRISTOL FOREST TRAIL
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: GENTRY, MARY LOU
Address: 700 NEPTUNE RD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: ADDISON, MARGIE
Address: PO BOX 524
City-St-Zip: SHADY GROVE, FL 32357

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 Section 119.07(3)(i), 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: THOMAS T. NIXON

VP

04/22/2005

Electronic Signature of Signing Officer or Director

Date