

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002760

1. Entity Name
LOVING HANDS, INC.



Principal Place of Business
**1760 NORTH 10TH AVENUE
PENSACOLA, FL 32503**

Mailing Address
**1760 NORTH 10TH AVENUE
PENSACOLA, FL 32503**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0430195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOODS, ALAN L
1760 NORTH 10TH AVENUE
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	WOODS, FAITH H
STREET ADDRESS	1760 NORTH 10TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	PTD
NAME	WOODS, ALAN L
STREET ADDRESS	1760 NORTH 10TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	O'DONNELL, KIMBERLY
STREET ADDRESS	1760 NORTH 10TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80167-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan L Woods

1/5/5

850 4334777

Date

Daytime Phone #