

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90007 046 ****70.00

DOCUMENT # N02000005124

1. Entity Name

GENTLE HANDS SUPPORT SERVICES, INC.



Principal Place of Business

25520 SW 124 AVENUE
PRINCETON FL 33032

Mailing Address

25520 SW 124 AVENUE
PRINCETON FL 33032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2370386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK-JORDAN, CATHERINE
25520 SW 124 AVENUE
PRINCETON FL 33032

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS BROCK-JORDAN, CATHERINE
CITY-ST-ZIP 25520 SW 124 AVENUE
PRINCETON FL 33032

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS JORDAN, FRANKLIN R
CITY-ST-ZIP 25520 SW 124 AVENUE
PRINCETON FL 33032

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR).**

DOCUMENT #		
1. Entity Name <i>Gentle Hands Support SVC INC</i> <i>25520 S.W. 124 Ave Princeton FL</i> <i>33032 - Catherine Brock, Jordan</i>		

Attachment

DO NOT WRITE IN THIS SPACE

24680485

2. Principal Place of Business <i>25520 S.W. 124 Ave</i> Suite, Apt. #, etc. <i>House (my home)</i> City & State <i>Princeton FL</i> Zip <i>33032</i> Country <i>Dade</i>		3. Mailing Address <i>25520 S.W. 124 Ave</i> Suite, Apt. #, etc. <i>Princeton FL</i> City & State <i>33032 FL</i> Zip <i>33032</i> Country <i>Dade</i>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <i>52-2370386</i>	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Gentle Hands Support SVC INC</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>25520 S.W. 124 Ave</i>	
City <i>Princeton</i>	FL Zip Code <i>33032</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Catherine Brock Jordan</i> <i>25520 S.W. 124 Ave</i> <i>Princeton FL 33032</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Marklin R. Jordan</i> <i>25520 S.W. 124 Ave</i> <i>Princeton FL 33032</i>
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CR2E037B (12/02)