

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N02000005124**

1. Entity Name

GENTLE HANDS SUPPORT SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -3 AM 9:51

Principal Place of Business 25520 SW 124 AVENUE PRINCETON FL 33032	Mailing Address 25520 SW 124 AVENUE PRINCETON FL 33032
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <i>25520 S.W. 124 Ave</i>	3. Mailing Address <i>25520 S.W. 124 Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Princeton FL</i>	City & State <i>Princeton FL</i>	4. FEI Number <i>52-2370386</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33032</i>	Country <i>Dade-USA</i>	Zip <i>33032</i>	Country <i>Dade-USA</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROCK-JORDAN, CATHERINE 25520 SW 124 AVENUE PRINCETON FL 33032	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, FRANKLIN R 25520 SW 124 AVENUE PRINCETON FL 33032	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000023826530 10/15/03--01089--004 **\$8.75	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900023826549 10/15/03--01089--005 **\$61.25	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** *Catherine L Jordan 7/10/03*
Date: *7/10/03* Daytime Phone # _____

CR2E037 (4/03)