

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 30, 2009  
Secretary of State

DOCUMENT# N03000000039

Entity Name: X-TENDING HANDS, INC.

**Current Principal Place of Business:**

7067 BLAIR DR.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

7067 BLAIR DR.  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 82-0582436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, SARAH  
4438 CLUSTER DR.  
ORLANDO, FL 32808      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: PCEO ( ) Delete  
Name: LATONYA, THOMAS  
Address: 801 CONLEY ST  
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete  
Name: ANGELA, DONIPHAN  
Address: 1611 CRESTLAWN  
City-St-Zip: ORLANDO, FL 32811

Title: V ( ) Delete  
Name: JACKSON, COREY  
Address: 3043 JOE LOUIS DR.  
City-St-Zip: ORLANDO, FL 32805

Title: TD ( ) Delete  
Name: TYNICA, NALL  
Address: 6818 ALTA WESTGATE DR APT. 8105  
City-St-Zip: ORLANDO, FL 32818

Title: BM ( ) Delete  
Name: MONICA, GADSON  
Address: 4498 KIRKLAND BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: BM ( ) Delete  
Name: CECELIA, MARTIN  
Address: 11756 OXFORDSHIRE PL  
City-St-Zip: ORLANDO, FL 32824

**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 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: BARBARA HOOSIER

ED

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date