

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006990

FILED  
May 07, 2008  
Secretary of State

**Entity Name:** HANDS AND HEART MINISTRY OUTREACH, INC.

**Current Principal Place of Business:**

300 BURLEIGH STREET  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

300 BURLEIGH STREET  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 83-0383888      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROBERTS, AVRIL  
300 BURLEIGH STREET  
ORLANDO, FL 32824    US

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

ROBERTS, AVRIL P  
300 BURLEIGH STREET  
ORLANDO, FL 32824    US

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: AVRIL ROBERTS

05/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD      ( ) Delete  
Name: ROBERTS, AVRIL  
Address: 300 BURLEIGH STREET  
City-St-Zip: ORLANDO, FL 32824

Title: PD      ( ) Delete  
Name: COICOU, PAUL  
Address: 8310 SNOW FIRE DR.  
City-St-Zip: ORLANDO, FL 32818

Title: AVPD      ( ) Delete  
Name: MARC, BENEL  
Address: 4526 SAN SEBASTIAN CIRCLE  
City-St-Zip: ORLANDO, FL 32808

Title: TD      ( ) Delete  
Name: KANE, SHERRIE  
Address: 4657 ETHANS GLENN AVE  
City-St-Zip: ORLANDO, FL 32812

Title: SD      ( ) Delete  
Name: ACKERMAN, DEBBIE  
Address: 18622 OLD CHENEY HWY  
City-St-Zip: ORLANDO, FL 32820

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD      (X) Change ( ) Addition  
Name: ROBERTS, AVRIL P  
Address: 300 BURLEIGH STREET  
City-St-Zip: ORLANDO, FL 32824

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: PAUL COICOU

PD

05/07/2008

Electronic Signature of Signing Officer or Director

Date