


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000010159 1. Entity Name LOVING HANDS OUTREACH COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 1300 NE 38TH STREET OAKLAND PARK, FL 33334	Mailing Address 1300 NE 38TH STREET OAKLAND PARK, FL 33334
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2063838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVER, DEBBIE
1300 NE 38TH STREET
OAKLAND PARK, FL 33334

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

**Filing Fee is \$61.25
Due by May 1, 2006**

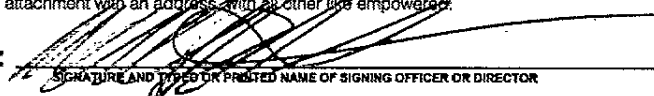
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO WATTS, WILLIAM 1547 N.E. 39TH STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATTS, BIRDIE 1211 NW 46TH STREET FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENHAM, CATHY 409 S.W. 3RD AVENUE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENHAM, TIMOTHY 409 S.W. 3RD AVENUE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLIVER, DEBBIE 1300 NE 38TH STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/09/06-80007-002 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.

SIGNATURE:  **4-23-06** **954-568-4924**
Signature and typed or printed name of signing officer or director Date Daytime Phone #