

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

01-20-2005 90042 014 ****61.25

DOCUMENT # N04000010675					
1. Entity Name CREATIVE HANDS ENRICHMENT CENTER, INC.					
Principal Place of Business 18116 US HWY. 41 LUTZ, FL 33549			Mailing Address 812 BROOKER VILLAGE CIR. LUTZ, FL 33548		
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 20-1969874	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GIORDANO, NATHAN 812 BROOKER VILLAGE CIR. LUTZ, FL 33548				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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$81.25 Due by May 1, 2005		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	D,P	☐ Delete	TITLE	* Correction To NAME:	☐ Change ☐ Addition
NAME	CATHERINE, BROWN L *	→	NAME	Brow, Catherine L.	
STREET ADDRESS	1403 POPE PLACE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D,VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GIORDANO, CHRISTINA A		NAME		
STREET ADDRESS	812 BROOKER VILLAGE CIR.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE	D,TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GIORDANO, NATHAN		NAME		
STREET ADDRESS	812 BROOKER VILLAGE CIR.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORIN, BRETT		NAME		
STREET ADDRESS	608 LIGHTSEY LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Nathan Giordano</u>			Date: <u>1-17-05</u> Daytime Phone #: <u>813-948-7577</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					