

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**  
02-23-2005 90076 023 \*\*\*\*66.25

<b>DOCUMENT # N04000012094</b> 1. Entity Name <b>LOVING HANDS FOR THE NEEDY INC.</b>			
Principal Place of Business 2147 LINTON BLVD. #4 DELRAY BEACH, FL 33445		Mailing Address P.O. BOX 243456 BOYNTON BEACH, FL 33424	
2. Principal Place of Business <i>2147 LINTON BLVD</i> Suite/Apt. #, etc. <i># 4</i>		3. Mailing Address <i>P.O. BOX 243456</i> Suite, Apt. #, etc.	
City & State <i>DELRAY BEACH FL</i> Zip <i>33445</i>		City & State <i>BOYNTON BEACH FL</i> Zip <i>33424</i>	
Country <i>PAIM-BEACH</i>		Country <i>PALM-BEACH</i>	
6. Name and Address of Current Registered Agent  <b>MILLER, JOHN H</b> 2147 LINTON BLVD. #4 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name <i>JOHN HENRY MILLER</i> Street Address (P.O. Box Number is Not Acceptable) <i>2147 LINTON BLVD #4</i> City <i>DELRAY BEACH</i> FL Zip Code <i>33445</i>	
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 <i>John H. Miller</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>JOHN H. MILLER</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JOHN H 2147 LINTON BLVD. #4 DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delegate LUMENES DORCENT 432 NE 15th BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KESNEL, LOUIS 915 SW 12 AVE DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delegate ELISABETH HIVENIEY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORT, LAMARTINE 3524 MONTESSOR AVE DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coordinator WISVICK JOSEPH 922 NW DREW ST LANTANA FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORVIL, JEAN L 121 ARTHUR CT BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edith DORT ADVISER 3524 MONTESSOR AVE DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>John H. Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>JOHN H. MILLER</i> <small>Date</small>	
Date <i>2-17-05</i>		Daytime Phone <i>(561) 305-1254</i>	

**50018341**



02082005 Chg-NP CR2E037 (10/03)

4. FEI Number *41-2128962* Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name *JOHN HENRY MILLER*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2147 LINTON BLVD #4*  
 City *DELRAY BEACH* FL Zip Code *33445*

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SIGNATURE *John H. Miller*  
Signature, typed or printed name of registered agent and title if applicable  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE *2-17-05*

Filing Fee is \$61.25 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
MILLER, JOHN H  
2147 LINTON BLVD. #4  
DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
KESNEL, LOUIS  
915 SW 12 AVE  
DELRAY BEACH, FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
DORT, LAMARTINE  
3524 MONTESSOR AVE  
DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
DORVIL, JEAN L  
121 ARTHUR CT  
BOYNTON BEACH, FL 33435

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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SIGNATURE: *John H. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date *2-17-05*  
 Daytime Phone *(561) 305-1254*