

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006542

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** LENDING A HAND MIRACLE FOUNDATION, INC

**Current Principal Place of Business:**

23 ALAFAYA WOODS BLVD  
STE 219  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

23 ALAFAYA WOODS BLVD  
STE 219  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 20-3046790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORNELL, JOHNLUIGI  
23 ALAFAYA WOODS BLVD  
STE 219  
OVIEDO, FL 32765 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:** P  
**Name:** CORNELL, ELAINE  
**Address:** 23 ALAFAYA WOODS BLVD SUITE 219  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** CORNELL, JOHNLUIGI  
**Address:** 23 ALAFAYA WOODS BLVD SUITE 219  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** S  
**Name:** HALL, JOSEPHINE A  
**Address:** P.O. BOX 547524  
**City-St-Zip:** ORLANDO, FL 32854

I hereby 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 all other like empowered.

**SIGNATURE:** ELAINE CORNELL

P

04/29/2011

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

\_\_\_\_\_  
Date