

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006808

FILED
Aug 26, 2006
Secretary of State

Entity Name: ABIDING HANDS, INC

Current Principal Place of Business:

3036 THOROUGHbred LOOP S
LAKELAND, FL 33811 US

New Principal Place of Business:

14768 BENSbrook DRIVE
SPRING HILL, FL 34609 US

Current Mailing Address:

PO BOX 3262
PLANT CITY, FL 33563 US

New Mailing Address:

PO BOX 10291
BROOKSVILLE, FL 34603 US

FEI Number: 42-1673083 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:

CRAWFORD, KESLEY C
3036 THOROUGHbred LOOP S
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

CRAWFORD, KESLEY C
14768 BENSbrook DRIVE
SPRING HILL, FL 34609 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: _____

08/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAWFORD, KESLEY C
Address: 3036 THOROUGHbred LOOP S
City-St-Zip: LAKELAND, FL 33811 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRAWFORD, KESLEY C
Address: 14768 BENSbrook DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP () Change (X) Addition
Name: CRAWFORD, MAXINE S
Address: 14768 BENSbrook DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KESLEY C CRAWFORD

P

08/26/2006

Electronic Signature of Signing Officer or Director

Date