

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001117

FILED  
Aug 20, 2007  
Secretary of State

Entity Name: EVELYN'S HELPING HAND SHELTER, INC.

## Current Principal Place of Business:

1371 N.W. 70 ST.  
MIAMI, FL 33147 US

## New Principal Place of Business:

2040 GRANT AVE #2  
OPALOCKA, FL 33054 US

## Current Mailing Address:

1371 N.W. 70 ST.  
MIAMI, FL 33147 US

## New Mailing Address:

2040 GRANT AVE #2  
OPALOCKA, FL 33054 US

FEI Number: 20-4319129      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:

BLACK, EVELYN  
1371 N.W. 70 ST.  
MIAMI, FL 33147 US

## Name and Address of New Registered Agent:

BLACK, EVELYN  
2040 GRANT AVE #2  
OPALOCKA, FL 33054 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: \_\_\_\_\_

08/20/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: BLACK, EVELYN  
Address: 1371 N.W. 70TH STREET  
City-St-Zip: MIAMI, FL 33147 US

Title: DT ( ) Delete  
Name: JACKSON, GAIL  
Address: 1371 N.W. 70TH STREET  
City-St-Zip: MIAMI, FL 33147 US

Title: DD ( ) Delete  
Name: BLACK, JENNIFER  
Address: 1371 N.W. 70TH  
City-St-Zip: MIAMI, FL 33147 US

Title: S ( ) Delete  
Name: GIVENS, LATOYA  
Address: 1371 N.W. 70 ST.  
City-St-Zip: MIAMI, FL 33147 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: BLACK, EVELYN  
Address: 2040 GRANT AVE #2  
City-St-Zip: OPALOCKA, FL 33054 US

Title: DT (X) Change ( ) Addition  
Name: JACKSON, GAIL  
Address: 1009 N.W. 43RD STREET  
City-St-Zip: MIAMI, FL 33127 US

Title: DD (X) Change ( ) Addition  
Name: BLACK, JENNIFER  
Address: 2040 GRANT AVE #2  
City-St-Zip: OPALOCKA, FL 33054 US

Title: S (X) Change ( ) Addition  
Name: GIVENS, LATOYA  
Address: 2040 GRANT AVE #2  
City-St-Zip: OPALOCKA, FL 33054 US

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN BLACK

ED

08/20/2007

Electronic Signature of Signing Officer or Director

Date