

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003752

FILED
Feb 04, 2009
Secretary of State

Entity Name: COMMUNITY HELPING HANDS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

7215 FOREST CITY RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

7215 FOREST CITY RD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 26-2495351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANZARDI, SANTIAGO
7215 FOREST CITY RD
ORLANDO, FL 32810 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 () Delete
Name: PANZARDI, SANTIAGO
Address: 7215 FOREST CITY RD
City-St-Zip: ORLANDO, FL 32810

Title: ED () Delete
Name: CRUZ, IVETTE
Address: 105 HIGHLAND DR
City-St-Zip: FERN PARK, FL 32730

Title: S () Delete
Name: NAZARI, YOLANDA
Address: 410 S. ALDERWOOD ST
City-St-Zip: CASSELBERRY, FL 32708

Title: TRES () Delete
Name: QUILES, ELVIS
Address: 7909 HARBORD BEND CIR
City-St-Zip: ORLANDO, FL 32822

Title: T (X) Delete
Name: ARVELO, HECTOR
Address: 642 PINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANTIAGO PANZARDI

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date