

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009747

FILED
Apr 11, 2007
Secretary of State

Entity Name: HAND OF LOVE OUTREACH, INC.

Current Principal Place of Business:

1135 WOODLAKE DR.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

1135 WOODLAKE DR.
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 20-5737781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUEL, DENISE
1135 WOODLAKE DR.
CANTONMENT, FL 32533 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: FRAY, ALEX R
Address: 300 BOBWHITE DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: T () Change (X) Addition
Name: ROSS, DELORES
Address: 1903 W GARDEN STREET
City-St-Zip: PENSACOLA, FL 32514 US

Title: S () Change (X) Addition
Name: WEADEN, EVELYN
Address: 1782 CONDOR DRIVE
City-St-Zip: CANTONMENT, FL 32533 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: ALEX FRAY

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date