

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005727

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: HIS HEAVENLY HANDS, INC.

**Current Principal Place of Business:**

2619 ARCADIA DRIVE  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

2619 ARCADIA DRIVE  
MIRAMAR, FL 33023

**New Mailing Address:**

FEI Number: 26-0326665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 N DALE MABRY HWY #110  
TAMPA, FL 33618 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: DIR ( ) Delete  
Name: GOLD, TRACY  
Address: 2619 ARCADIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: DIR ( ) Delete  
Name: FREDERICK, DEBORAH  
Address: 2619 ARCADIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: DIR ( ) Delete  
Name: MEYERS, WENDY  
Address: 2619 ARCADIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: PRES ( ) Delete  
Name: GOLD, TRACY  
Address: 2619 ARCADIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: SEC ( ) Delete  
Name: FREDERICK, DEBORAH  
Address: 2619 ARCADIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: TREA ( ) Delete  
Name: MEYERS, WENDY  
Address: 2619 ARCADIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

**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:

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: TRACY GOLD

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date

# N070000005727

Florida Department of State  
Division of Corporations

Filed  
4/10/09



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Please print and return this page, along with your check or money order, to the Division of Corporations

**2009 Annual Report Payment Voucher**

Name of Entity: HIS HEAVENLY HANDS, INC.

Date: April 10, 2009

Attn: Kathy Ashton

Fax: 850 245 6017

Subject: Add 2 new Directors

Document Number N070000005727

Business Entity Name HIS HEAVENLY HANDS, INC.

FE/EIN Number 280328665

**Name And Address #7**

Title DIR  
Name (Last, First, Middle, Title) PERRY, DINORA  
Street Address 2819 ARCADIA DRIVE  
City, State MIRAMAR, FL  
Zip Code & Country 33023

**Name And Address #8**

Title DIR  
Name (Last, First, Middle, Title) SULLIVAN, MARGARET  
Street Address 2819 ARCADIA DRIVE  
City, State MIRAMAR, FL  
Zip Code & Country 33023