

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006401

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** LIFE IN YOUR HANDS - VIDA EN TUS MANOS, INC.

**Current Principal Place of Business:**

5 SPOON PL  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

5 SPOON PL  
KISSIMMEE, FL 34759

**New Mailing Address:**

**FEI Number:** 26-0455707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, BETHZAIDA  
5 SPOON PL  
KISSIMMEE, FL 34759 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: D ( ) Delete  
Name: GARCIA, BETHZAIDA  
Address: 5 SPOON PL  
City-St-Zip: KISSIMMEE, FL 34759

Title: D ( ) Delete  
Name: GONZALEZ, SATURNINO  
Address: 2500 WESY OAKRIDGE RD  
City-St-Zip: ORLANDO, FL 34758

Title: D ( ) Delete  
Name: ARROYO, LUIS R  
Address: 1183 CAMBOURNE  
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete  
Name: NEUMAN, WENDY  
Address: 444 CART CT  
City-St-Zip: KISSIMMEE, FL 34758

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CORTES, LYDIA  
Address: 444 CART COURT  
City-St-Zip: KISSIMMEE, FL 34759

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

Title: O (X) Change ( ) Addition  
Name: HERRERA, EVELYN  
Address: 421302  
City-St-Zip: KISSIMMEE, FL 34741

Title: O (X) Change ( ) Addition  
Name: VARGAS, CARMEN  
Address: 8 NORTH STEWART AVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: O ( ) Change (X) Addition  
Name: RIVERA, EDWIN  
Address: 9753 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32837

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: LYDIA CORTES

BOAR

04/01/2008

Electronic Signature of Signing Officer or Director

Date