

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009054

FILED
Mar 29, 2009
Secretary of State

Entity Name: COMPASSIONATE HANDS AND HEARTS BREAST CANCER OUTREACH, INC.

Current Principal Place of Business:

1041 GOULD PL
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 141022
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 26-1082821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHOLS, VANESSA
1041 GOULD PL
OVIEDO, FL 32765 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: PF () Delete
Name: ECHOLS, VANESSA L
Address: 1041 GOULD PL
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: RANDOLPH, JACQUELINE S
Address: 5101 FORMBY DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: KELLY, MARCI L
Address: 840 DYSON DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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:

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: VANESSA ECHOLS

MS.

03/29/2009

Electronic Signature of Signing Officer or Director

Date