## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010015

Entity Name: HANDS OF LOVE OUTREACH CENTER, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1499 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

726 HACIENDA CIRCLE 1499 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

FEI Number: 26-1211612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GUADALUPE, RUTH Z
726 HACIENDA CIRCLE
KISSIMMEE, FL 34741 US
GUADALUPE, RUTH Z
1499 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US
KISSIMMEE, FL 34741 US

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: RUTH GUADALUPE 04/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CEO ( ) Delete
 Title:
 P (X) Change ( ) Addition

 Name:
 GUADALUPE, RUTH Z
 Name:
 GUADALUPE, RUTH Z

 Address:
 726 HACIENDA CIRCLE
 Address:
 1499 N. JOHN YOUNG PKWY

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 KISSIMMEE, FL 34741

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: MARIN, JESSICA Title: MARIN, JESSICA

Name: MARIN, JESSICA Name: MARIN, JESSICA
Address: 1504 SUNSET VIEW CIRCLE Address: 1499 N. JOHN YOUNG PKWY

Address: 1504 SUNSET VIEW CIRCLE Address: 1499 N. JOHN YOUNG PRV
City-St-Zip: APOPKA, FL 32703 City-St-Zip: KISSIMMEE, FL 34741

Title: CES ( ) Delete Title: SEC (X) Change ( ) Addition

Name:NEGRON, INGRID AName:COLON, KARELYSAddress:2190 BRANDYWINE FALLS WAYAddress:1499 N. JOHN YOUNG PKWYCity-St-Zip:ORLANDO, FL 32824City-St-Zip:KISSIMMEE, FL 34741

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: RUTH GUADALUPE P 04/27/2009