

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007939

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: HAND-UP EMPOWERMENT GROUP, INC.

## Current Principal Place of Business:

4430 BAHIA ST  
COCOA, FL 32926

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4  
SHARPES, FL 32959

## New Mailing Address:

FEI Number: 26-3186733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HENRY-FOX, BRENDA  
4430 BAHIA ST  
COCOA, FL 32926      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: P ( ) Delete  
Name: HENRY-FOX, BRENDA  
Address: 4430 BAHIA ST  
City-St-Zip: COCOA, FL 32926

Title: VP ( ) Delete  
Name: NEWMAN, QUENTIN  
Address: 1201 NW 2ND ST  
City-St-Zip: DANIA BEACH, FL 33004

Title: T ( ) Delete  
Name: GARRETT, MARY F  
Address: 1651 SUNHOME ST  
City-St-Zip: COCOA, FL 32922

Title: S ( ) Delete  
Name: MOBEY, CAROLYN M  
Address: 930 S GEORGIA AVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: SMITH JR., MOSE  
Address: 3425 BRYCE ST  
City-St-Zip: COCOA, FL 32926

## 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:

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: BRENDA T. HENRY-FOX

P

08/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date