

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006979

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** IN GOOD HANDS GROUP HOME INC.

**Current Principal Place of Business:**

757 NW BRISTOL STREET  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

757 NW BRISTOL STREET  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 80-0444985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDOR, PARNEL  
757 NW BRISTOL STREET  
PORT SAINT LUCIE, FL 34983 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  
**Name:** MEDOR-VOLCY, MARIE D  
**Address:** 757 NW BRISTOL  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983 US

**Title:** TREA  
**Name:** MEDOR, PARNEL  
**Address:** 757 NW BRISTOL STREET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983 US

**Title:** SECR  
**Name:** MEDOR, SHAQUEENA P  
**Address:** 757 NW BRISTOL STREET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983 US

I hereby 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 all other like empowered.

**SIGNATURE:** MEDOR-VOLCY MARIE DELANEAU

P

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date