

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010520

FILED
May 01, 2011
Secretary of State

Entity Name: HANDS OF CARE INC

Current Principal Place of Business:

655 MORNING MIST WAY
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

655 MORNING MIST WAY
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 27-1345541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MR.
Name: BROWN, ANTHONY PRES.
Address: 655 MORNING MIST WAY
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MRS.
Name: BROWN, LAGEORGIA V DIR.
Address: 655 MORNING MIST WAY
City-St-Zip: ORANGE PARK, FL 32073

Title: MRS.
Name: BROWN, LAGEORGIA V TREA.
Address: 655 MORNING MIST WAY
City-St-Zip: ORANGE PARK, FL 32073

Title: MR.
Name: BROWN, ANTHONY L DIR.
Address: 655 MORNING MIST WAY
City-St-Zip: ORANGE PARK, FL 32073

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: ANTHONY L BROWN

PRES

05/01/2011

Electronic Signature of Signing Officer or Director

Date