

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006418

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HANDS & VOICES, INC.

**Current Principal Place of Business:**

3454 CURVING OAKS WAY  
ORLANDO, FL 32820

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 620756  
OVIEDO, FL 327620756

**New Mailing Address:**

**FEI Number:** 27-3060698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAGENAIS, KATHARINE  
3454 CURVING OAKS WAY  
ORLANDO, FL 32820 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:** PD  
**Name:** DAGENAIS, KATHARINE  
**Address:** 3454 CURVING OAKS WAY  
**City-St-Zip:** ORLANDO, FL 32820

**Title:** SD  
**Name:** CALVO, CAROLYN  
**Address:** 304 NESTLING COVE  
**City-St-Zip:** CHULUOTA, FL 32766

**Title:** TD  
**Name:** MATHEW, SONIA  
**Address:** 15216 WINDMILL WARLAR CT  
**City-St-Zip:** ORLANDO, FL 32828

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:** SONIA MATHEW

TD

02/17/2011

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

\_\_\_\_\_  
Date