2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# N10000009721

Entity Name: LENDING A CARING HAND OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

4580 NE 16TH TERRACE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

4580 NE 16TH TERRACE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, ANDREA K
4580 NE 16TH TERRACE
GAINESVILLE, FL 32609 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: O
Name: WILLIAMS, ANDREA K
Address: 4580 NE 16TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609 US

Title: PRES
Name: WILLIAMS, ANDREA K
Address: 4580 NE 16TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609 US

Title: VP
Name: WILLIAMS, LATOYA L
Address: 4580 NE 16TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609 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: ANDREA K. WILLIAMS O 03/15/2011

Electronic Signature of Signing Officer or Director — Date