

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009721

FILED  
Mar 14, 2012  
Secretary of State

**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:**

4131 NW 13TH STREET,  
SUITE 218  
GAINESVILLE, FL 32609

**Current Mailing Address:**

2525 NW 38TH DR  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

4131 NW 13TH STREET,  
SUITE 218  
GAINESVILLE, FL 32609

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**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:**

CLAYTON, ANDREA K  
4131 NW 13TH STREET  
SUITE 218  
GAINESVILLE, FL 32609 US

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: ANDREA CLAYTON

03/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: WILLIAMS, ANDREA K  
Address: 4131 NW 13TH STREET, SUITE 218  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: PRES  
Name: WILLIAMS, ANDREA K  
Address: 4131 NW 13TH STREET, SUITE 218  
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 CLAYTON

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03/14/2012

Electronic Signature of Signing Officer or Director

Date