

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010670

FILED  
Aug 31, 2012  
Secretary of State

**Entity Name:** TCB CARING HANDS, INC.

**Current Principal Place of Business:**

6307 JESSUP DR.  
ZEPHYRHILLS, FL 33540 US

**New Principal Place of Business:**

**Current Mailing Address:**

6307 JESSUP DR.  
ZEPHYRHILLS, FL 33540 US

**New Mailing Address:**

**FEI Number:** 45-1875404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADDEN, CONNIE L  
6307 JESSUP DR.  
ZEPHYRHILLS, FL 33540 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:** KELLER, TERRENCE  
**Address:** 504 SHERWOOD DRIVE  
**City-St-Zip:** GRAYSON, KY 41143 US

**Title:** VP  
**Name:** MADDEN, CONNIE L  
**Address:** 6307 JESSUP DR.  
**City-St-Zip:** ZEPHYRHILLS, FL 33540 US

**Title:** SEC  
**Name:** DOSTER, BRENDA L  
**Address:** 13101 DRYSDALE STREET  
**City-St-Zip:** SPRING HILL, FL 34609 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:** CONNIE L. MADDEN

VP

08/31/2012

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

\_\_\_\_\_  
Date