

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000005623

FILED  
Mar 25, 2014  
Secretary of State

**Entity Name:** FAMILY & COMMUNITY HELPING HANDS CORPORATION

**Current Principal Place of Business:**

501 S. SANFORD AVENUE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

2120 BLUE IRIS PLACE  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

P. O. BOX 965  
SUWANEE, GA 30024 US

**New Mailing Address:**

**FEI Number:** 37-1643185      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DILLIGARD, ELOISE W  
501 S. SANFORD AVENUE  
SANFORD, FL 32771 US

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

FLOYD, JANET  
2120 BLUE IRIS PLACE  
LONGWOOD, FL 32779 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: JANET FLOYD

03/25/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHM  
Name: GRIGLEY, VALERIE S  
Address: 3890 REGAL OAKS DR  
City-St-Zip: SUWANEE, GA 30024 US

Title: P  
Name: GRIGLEY, VALERIE S  
Address: 3890 REGAL OAKS DRIVE  
City-St-Zip: SUWANEE, GA 30024 US

Title: D  
Name: BROWN, WALTER M JR  
Address: 327 HAMMOCK GROVE COURT  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: D  
Name: DILLIGARD, LARRY C  
Address: 137 BELLA ROSA  
City-St-Zip: SANFORD, FL 32771 US

Title: D  
Name: NEAL, WILLIE  
Address: 685 KINGS WAY  
City-St-Zip: ELIZABETHTOWN, KY 42701

Title: D  
Name: FLOYD, JANET  
Address: 2120 BLUE IRIS PLACE  
City-St-Zip: LONGWOOD, FL 32779

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: VALERIE S. GRIGLEY

CHM

03/25/2014

Electronic Signature of Signing Officer or Director

Date