

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009264

FILED
Feb 15, 2012
Secretary of State

Entity Name: HEALING HANDS INTERNATIONAL, INC.

Current Principal Place of Business:

KILOMETER 11 1/2, CARRETERA VIEJA A LEON
MANAGUA, NICARAGUA, XX XX

New Principal Place of Business:

Current Mailing Address:

PO BOX 950
MONTICELLO, FL 32345

New Mailing Address:

PO BOX 16132
TALLAHASSEE, FL 32317

FEI Number: 99-0369876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, THOMAS A
403 EL DESTINADO DR.
TALLAHASSEE, FL 32312 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: HUCKS, RICHARD
Address: 320 JAY DRIVE
City-St-Zip: ELGIN, SC 29045

Title: VPD
Name: SHEATS, SUSANNA
Address: 1045 SHEATS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: SD
Name: SHEATS, PHILIP
Address: 1045 SHEATS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: T
Name: SHEATS, ELISABETH
Address: 1900 CENTRE POINTE BLVD; #182
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: JONES, BENJAMIN DR.
Address: 305 OAKBROOK DRIVE
City-St-Zip: COLUMBIA, SC 29203

Title: D
Name: SCHROCK, STEVE
Address: 13524 CR14
City-St-Zip: MIDDLEBURY, IN 46540

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: ELISABETH C. SHEATS

TREA

02/15/2012

Electronic Signature of Signing Officer or Director

Date