

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34792

FILED
Jun 22, 2009
Secretary of State

Entity Name: CIRCLE OF HANDS LIVING CENTER, INC.

Current Principal Place of Business:

704 E. 120TH AVE.
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

704 E. 120TH AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3001820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCULLOCH, SUSAN
704 E. 120TH AVE.
TAMPA, FL 33612 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 () Delete
Name: MCCULLOCH, SUSAN
Address: 702 E. 120TH AVE.
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: STUCK, BARBARA
Address: 14010 TROUVILLE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: VPD () Delete
Name: STEWART, SHARI
Address: 2532 LAKE ELLEN LANE
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: WERNER, KATHY
Address: 4704 BAY VIEW AVE.
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: CHINNIS, JEANNE
Address: 6620 QUONOST ROAD
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BUCHANAN, TIMOTHY
Address: 12526 CARDIFF DRIVE
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN LYNN MCCULLOCH

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date