

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34792

**FILED**  
**Feb 22, 2011**  
**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 US

**New Mailing Address:**

**FEI Number:** 59-3001820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: MCCULLOCH, SUSAN  
Address: 702 E. 120TH AVE.  
City-St-Zip: TAMPA, FL 33612

Title: TD  
Name: BUCHANAN, TIMOTHY  
Address: 12526 CARDIFF DRIVE  
City-St-Zip: TAMPA, FL 33625

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

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

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

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:** SUSAN LYNN MCCULLOCH

PRES

02/22/2011

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

\_\_\_\_\_  
Date