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96 FEB -1 AM 8:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



NONPROFIT CORPORATION - ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45407 (6)
 1. Corporation Name
HANDS FOR HOMES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 915797 LONGWOOD FL 32791-5797	P.O. BOX 915797 LONGWOOD FL 32791-5797

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1991		3a. Date of Last Report 04/19/1995	
21	Suite, Apt. #, e.c.	26	Suite, Apt. #, e.c.	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENKINS, BILLY G. 221 ROYAL OAKS CIR LONGWOOD FL 32779				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, BILLY G.			1.2 NAME	JENKINS, BILLY G.		
STREET ADDRESS	221 ROYAL OAKS CIR			1.3 STREET ADDRESS	221 ROYAL OAKS CIRCLE		
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-ST-ZIP	LONGWOOD, FL 32779		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, CAROLYN A.			2.2 NAME	JENKINS, CAROLYN A.		
STREET ADDRESS	221 ROYAL OAKS CIR			2.3 STREET ADDRESS	221 ROYAL OAKS CIRCLE		
CITY-ST-ZIP	LONGWOOD FL			2.4 CITY-ST-ZIP	LONGWOOD, FL 32779		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOSFORD, TRACEY			3.2 NAME	MARK THUSH		
STREET ADDRESS	221 ROYAL OAKS CIR			3.3 STREET ADDRESS	5803 DEAR LAKE CIRCLE		
CITY-ST-ZIP	LONGWOOD FL 32779			3.4 CITY-ST-ZIP	ADOPKA, FL 32703		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Carolyn A. Jenkins* **CAROLYN A. JENKINS** **1/30/96** **682-1507**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)