2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-29-2002 93661 022 ****69.00

DOCUMENT # N49185

1. Entity Name

JOINING HANDS INC. OF FLORIDA

Been in Accident Hospital 3 times so sorry for delay I'm sending this now

Principal Place of Business	Mailing Address
5010 EL DESTINO DR. LEESBURG FL 34748	PO BOX 493055 LEESBURG FL 34749

37377

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3203865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIGHTNER, BARBARA 5010 EL DESTINO DR. LEESBURG FL 34748	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 Barbara Lighter Joining Hands Inc of Fl DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 + 875 = 6900

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ Founder) Director ☐ Delete CEO Emeritis No Pay (No vote) LIGHTNER BARBARA A 5010 EL DESTINO DR. LEESBURG FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Cindy Howe Treasurer Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ P ☐ Delete Director Board GREYLOCK, MARY 33208 SAND DUNE LANE LEESBURG FL 34788	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition V.P. & Sec. MAVis (mbr) Roberts Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ☐ Delete President Director HOEY, TINA P 1407 AKRON DR. LEESBURG FL 34748	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Freud ☐ Delete Director KURZINSKY, RUBY 33205 SAND DUNE LANE LEESBURG FL 34788	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Laura Freud ☐ Delete Director BEARD, VIVIAN 7509 HARBOR VIEW DR. LEESBURG FL 34788	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition I sent in a typed report w/ all clean corrections
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete BOARD Director LEBLANC, ANGELE B 7326 HARBOR VIEW DR. LEESBURG FL 34788	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition & up Date change Barbara

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Barbara Lighter 6/15/02 352-365-0936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BARBARA Lightner Director Emeritis