

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90081 006 \*\*\*\*70.00

**DOCUMENT # N49185**

1. Entity Name  
**JOINING HANDS INC. OF FLORIDA**



Principal Place of Business  
**5010 EL DESTINO DR.  
LEESBURG, FL 34748**

Mailing Address  
**PO BOX 493055  
LEESBURG, FL 34749 - 3055**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3203865**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Barbara Lightner*

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 26, 2008*

**Filing Fee is \$61.25  
Due by May 1, 2008**

*470*

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOAN R 713 GLEN OAKS LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREYLOCK, MARY 431 MAPLETREE DR ALTOMA, FL 32700	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOEY, TINA 2327 WEST SIDE DR LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBLANC, ANGELE B 7325 HARBORVIEW DR LEESBURG, FL 34788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERINO, VINCENT 25220 WILD HERAN LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOWE, CINDY 2328 WEST SIDE DR LEESBURG, FL 34748	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FALLON, JUDIE <del>5010 EL DESTINO DRIVE</del> 128 Rhett Rd LEESBURG, FL 34748 34788	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EMERITUS GREYLOCK, MARY <del>5010 EL DESTINO DRIVE</del> <del>LEESBURG, FL 34748</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, TURK, JUNE <del>5010 EL DESTINO DRIVE</del> 2015 Chestnut St LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, KELLY KYLEEN % 5010 EL DESTINO DRIVE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Barbara Lightner*

*Barbara A Lightner 352-728-1815*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #