

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077933

FILED
May 02, 2009
Secretary of State

Entity Name: IN HIS HANDS FAMILY LEARNING CENTER, INC.

Current Principal Place of Business:

1100 N.W. 44TH TERRACE
LAUDERHILL, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

1100 N.W. 44TH TERRACE
LAUDERHILL, FL 33313 US

New Mailing Address:

FEI Number: 81-0650164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, SHARON
1100 NW 44TH TERRACE
LAUDERHILL, FL 33313 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, SHARON
Address: 1100 NW 44TH TERRACE
City-St-Zip: LAUDERHILL, FL 33313 FL

Title: SEC () Delete
Name: TAYLOR, SHARON
Address: 1100 NW 44TH TERRACE
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VP () Delete
Name: RUFFIN, JOHN
Address: 1100 NW 44TH TERRACE
City-St-Zip: LAUDERHILL, FL 33313 US

Title: DIR () Delete
Name: ARMSTEAD, SHENA
Address: 2805 NW 38 AVENUE
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: TRE () Delete
Name: RUFFIN, JOHN
Address: 1100 NW 44TH TERRACE
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON TAYLOR

P

05/02/2009

Electronic Signature of Signing Officer or Director

_____ Date