2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000105527

1. Entity Name
HAND 'N HAND CHRISTIAN CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
1936 N.W. 6TH STREET	1936 N.W. 6TH STREET
GAINESVILLE, FL 32601	GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

05032007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3615917	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, REX
1936 N.W. 6TH STREET
GAINESVILLE, FL 32601

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, REX A
STREET ADDRESS	POST OFFICE BOX 608 N/A
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	D
NAME	MILLER, DONNA S
STREET ADDRESS	POST OFFICE BOX 608 N/A
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80024-009 158.75

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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 607, 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: _Donna S. Miller_   5.4.07 (352) 335-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #