

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001774

FILED
Mar 18, 2006
Secretary of State

Entity Name: HIS HANDS EXTENDED OF NORTH WEST FLORIDA, INC.

Current Principal Place of Business:

4683 PALMETTO CT
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

4683 PALMETTO CT
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 71-0961547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBATESE, PASQUALE
4683 PALMETTO CT
CRESTVIEW, FL 32539 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAMBATESE, PASQUALE
Address: 4683 PALMETTO CT
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: SUMRALL, SHELTON F
Address: 5315 FOURLAKE DR
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: JULIO, DALE A
Address: 44 WERK LAKE CT
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: HUTCHESON, PHILLIP M
Address: 2606 LAKE SILVER RD
City-St-Zip: CRESTVIEW, FL 32536

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GAMBATESE, PASQUALE D DR.
Address: 4683 PALMETTO CT
City-St-Zip: CRESTVIEW, FL 32539

Title: TREA (X) Change () Addition
Name: SUMRALL, SHELTON F
Address: 5315 FOURLAKE DR
City-St-Zip: CRESTVIEW, FL 32539

Title: VPRES (X) Change () Addition
Name: JULIO, DALE A
Address: 44 WERK LAKE CT
City-St-Zip: NICEVILLE, FL 32578

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

Title: SECY () Change (X) Addition
Name: CUNNINGHAM, TERESA
Address: 1237 JEFYSCOT DR.
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASQUALE D. GAMBATESE JR.

PRES

03/18/2006

Electronic Signature of Signing Officer or Director

_____ Date