

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001774

FILED  
Jan 26, 2008  
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: PRES ( ) Delete  
Name: GAMBATESE, PASQUALE D DR.  
Address: 4683 PALMETTO CT  
City-St-Zip: CRESTVIEW, FL 32539

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

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

**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 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

PRES

01/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date