

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005804

**FILED**  
**May 13, 2004**  
**Secretary of State**

**Entity Name:** OPERATION HANDCLASP, INC.

**Current Principal Place of Business:**

8405 11TH ST NORTH  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

8405 11TH ST NORTH  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 59-3550177      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, BRADLEY J  
2636 NINTH STREET N  
ST. PETERSBURG, FL 33704      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: WOOD, BRADLEY J  
Address: 2639 NINTH STREET N  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D      ( ) Delete  
Name: DEAL, STEVE  
Address: 1104 ARBODELA CT  
City-St-Zip: TAMPA, FL 33604

Title: D      ( ) Delete  
Name: EVANS, DONALD J  
Address: 23427 PINE LAKE ST  
City-St-Zip: LAND O LAKES, FL 34639

Title: D      ( ) Delete  
Name: JACKSON, LEON W  
Address: 7303 ALTA LOMA ST  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PDC      (X) Change ( ) Addition  
Name: DEAL, STEVE  
Address: 1104 ARBODELA CT  
City-St-Zip: TAMPA, FL 33604

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 for the exemption stated in Section 119.07(3)(i), 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: LEON W. JACKSON

D

05/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date