

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005804

FILED
May 01, 2005
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PDC () 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: () 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 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: STEVE DEAL

_____ Electronic Signature of Signing Officer or Director

PDC

05/01/2005

_____ Date