

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004973

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: HANDS ON TZEDAKAH, INC.

## Current Principal Place of Business:

2255 GLADES RD.  
SUITE 324A, PMB 1114  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

2255 GLADES RD.  
SUITE 324A, PMB 1114  
BOCA RATON, FL 33431

## New Mailing Address:

FEI Number: 86-1067535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, ROSE B  
2255 GLADES RD., SUITE 324A, PMB 1114  
BOCA RATON, FL 33431 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: O ( ) Delete  
Name: ROBINSON, ROSE B  
Address: 20815 PINAR TRAIL  
City-St-Zip: BOCA RATON, FL 33433

Title: O ( ) Delete  
Name: GALLATIN, RONALD L  
Address: 17061 BROOKWOOD DR.  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: CRAMER, GERALD  
Address: 707 WESTCHESTER AVE  
City-St-Zip: WHITE PLAINS, NY 10604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: ROBINSON, ROSE B  
Address: 2071 NW 53 STREET  
City-St-Zip: BOCA RATON, FL 33496

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: ROSE B ROBINSON

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date