

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001617

**Entity Name:** HANDS OF HOPE MINISTRY, INC.

**Current Principal Place of Business:**

3500 CLEVELAND ST.  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3500 CLEVELAND ST.  
HOLLYWOOD, FL 33021

**FEI Number: 31-1703270**

**Certificate of Status Desired: No**

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

CHATTERSON, RALPH  
3500 CLEVELAND ST.  
HOLLYWOOD, FL 33021 US

*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

**Officer/Director Detail :**

Title PD  
Name CHATTERSON, BEVERLY  
Address 3500 CLEVELAND ST.  
City-State-Zip: HOLLYWOOD FL 33021

Title STD  
Name CHATTERSON, RALPH  
Address 3500 CLEVELAND ST.  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name HOWELL, GARY  
Address 1625 YELLOW HEART WAY  
City-State-Zip: HOLLYWOOD FL 33319

Title D  
Name HOWELL, JOAN  
Address 1625 YELLOW HEART WAY  
City-State-Zip: HOLLYWOOD FL 33319

*I hereby 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 all other like empowered.*

**SIGNATURE: RALPH CHATTERSON**

**SEC/TREAS**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date