2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002714

Entity Name: HANDS TOGETHER FOR HAITIANS, INC.

Current Principal Place of Business:

25 S. H STREET

LAKE WORTH, FL 33460

Current Mailing Address:

12415 INDIAN ROAD

NORTH PALM BEACH, FL 33408

FEI Number: 20-2512245 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDERSON, NANCY 12415 INDIAN ROAD NORTH PALM BEACH, FL 33408 US

NORTH PALINI BEACH, FL 33406 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

FILED Jan 30, 2022

Secretary of State

3744770150CC

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameANDERSON, NANCYNameANDERSON, ROBERT IIAddress12415 INDIAN ROADAddress12415 INDIAN ROAD

City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

Title SECRETARY Title DIRECTOR

NameHIGGINS, MARY JONameNARCISSE, LAVEAUXAddress106 ATLANTIC ROADAddress4707 OAK TERRACE DR.,City-State-Zip:NORTH PALM BEACH FL 33408City-State-Zip:GREENACRES FL 33463

Title VP Title DIRECTOR

Name SAINT JEAN, ERINECE Name DONALDSON, MARY BETH

Address APT. 14 2975 AV EKERS Address 6308 WOOD LAKE ROAD

City-State-Zip: MONTPEAL H3S JE2 City-State-Zip: JUPITER FL 33458

City-State-Zip: MONTREAL H3S IE2 City-State-Zip: JUPITER FL 33458

Title DIRECTOR Title TREASURER

Name ANDERSON - SWETMAN, NANCY Name WILLIAM, TIEDJE

HELEN Address 30 PINE TERRACE

Address 1169 S. WASHINGTON AVE. City-State-Zip: TIBURON CA 94920

City-State-Zip: COLUMBUS OH 43206

Continues on page 2

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: NANCY A ANDERSON PRESIDENT 01/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name HAUSNER, LOUANN Name MACK, MICHAEL

Address 10,000 MILLSTONE DR. Address 501 WOODWARD DR.

City-State-Zip: LENEXA KS 66220 City-State-Zip: MADISON WI 53704