

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001868

**Entity Name:** OPEN HANDS OF WILLISTON, FLORIDA, INC.

**Current Principal Place of Business:**

938 E NOBLE AVE  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 1451  
NEWBERRY, FL 32669

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

WALKER, S SCOTT  
527 E UNIVERSITY AVE  
GAINESVILLE, FL 32601 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 D  
Name NICHOLS, HARRY  
Address PO BOX 1451  
City-State-Zip: NEWBERRY FL 32669

Title D  
Name LEE, MARSHA R  
Address 10622 NW 60TH TERR  
City-State-Zip: ALACHUA FL 32615

Title D  
Name STARR, DEBORAH  
Address 3324 NW 114TH TERR  
City-State-Zip: GAINESVILLE FL 32606

*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: S. SCOTT WALKER (ON BEHALF OF HARRY NICHOLS)**

**REGISTERED AGENT**

**04/30/2013**

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

\_\_\_\_\_  
Date