

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004608

Entity Name: HANDSOFHOPE-SCA, INC.**Current Principal Place of Business:**4601 N. 36TH STREET
TAMPA, FL 33610**Current Mailing Address:**4601 N. 36TH STREET
TAMPA, FL 33610 US**FEI Number: 46-2810241****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WARD, IRVING L
3201 E. ELM STREET
TAMPA, FL 33610 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 PRESIDENT
Name MITCHELL, CECELIA K
Address 4601 N. 36TH STREET
City-State-Zip: TAMPA FL 33610

Title BOARD OF DIRECTORS
Name NORRIS, ROY L
Address 1510 W. SITKA STREET
City-State-Zip: TAMPA FL 33604

Title BOARD OF DIRECTORS
Name ALBURY, CATHERINE Y
Address 13288 ARBOR POINTE CIRCLE
 APT#102
City-State-Zip: TAMPA FL 33617

Title BOARD OF DIRECTORS
Name ANIBAL, GONZALEZ
Address 10914 PEPPERSONG DRIVE
City-State-Zip: RIVERVIEW FL 33578

Title TREASURER
Name ANDERSON, TRAVIA D
Address 5002 N. 39TH STREET
City-State-Zip: TAMPA FL 33610

Title BOARD OF DIRECTORS
Name WILLIAMS-JOHNSON, SHELIA
Address 2014 E. NORTH BAY STREET
City-State-Zip: TAMPA FL 33610

Title BOARD OF DIRECTORS
Name JONES, VALERIE
Address 5016 PINE STREET
City-State-Zip: SEFFNER FL 33584

Title SECRETARY
Name BELLAMY-LARRY, CHERYL
Address 6903 SOCIETY DRIVE
 B
City-State-Zip: TAMPA FL 33617

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: CECELIA MITCHELL**PRESIDENT****05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date