

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001219

Entity Name: HAND IN HAND LAKE COUNTY INC**Current Principal Place of Business:**125 W. LAKEVIEW AVE.
EUSTIS, FL 32726**Current Mailing Address:**125 W. LAKEVIEW AVE
EUSTIS, FL 32726 US**FEI Number:** 46-5008502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOUGLAS, DAVID W
125 W LAKEVIEW AVE
EUSTIS, FL 32726 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	SEC
Name	SHAMUS, CONNIE
Address	125 W LAKEVIEW AVE
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	DAY, CHRIS
Address	125 W LAKEVIEW AVE
City-State-Zip:	EUSTIS FL 32726

Title	EXECUTIVE DIRECTOR
Name	DOUGLAS, DAVID W
Address	125 W LAKEVIEW AVE
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	WINKER, WADE
Address	125 W. LAKEVIEW AVE.
City-State-Zip:	EUSTIS FL 32726

Title	TREASURER
Name	FARLEY, HOLLY
Address	125 W. LAKEVIEW AVE.
City-State-Zip:	EUSTIS FL 32726

Title	VP
Name	MILLER, CASANDRA
Address	125 W LAKEVIEW AVE
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	GRINNELL, PEYTON
Address	125 W. LAKEVIEW AVE.
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	ELLIOTT, BRENT
Address	125 W. LAKEVIEW AVE.
City-State-Zip:	EUSTIS FL 32726

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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: DAVID DOUGLAS**EXECUTIVE DIRECTOR****01/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title PRESIDENT
Name CRAIG, AMANDA
Address 125 W LAKEVIEW AVE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name VANCE, SHAUN
Address 125 W LAKEVIEW AVE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name MORELAND, MEGAN IN
Address 125 W LAKEVIEW AVE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name CHAVIS, SUSAN
Address 125 W LAKEVIEW AVE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name HAYS, ALAN
Address 125 W LAKEVIEW AVE.
City-State-Zip: EUSTIS FL 32726