

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001886

**Entity Name:** HIS HANDS EXTENDED INC.

**Current Principal Place of Business:**

1330 NORTHWEST 7TH TERRACE  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

1330 NORTHWEST 7TH TERRACE  
FORT LAUDERDALE, FL 33311 US

**FEI Number:** 37-1778632

**Certificate of Status Desired:** No

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

GLOVER, PATRICIA A  
1330 NORTHWEST 7TH TERRACE  
FORT LAUDERDALE, FL 33311 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 P  
Name GLOVER, PATRICIA A REV  
Address 1330 NORTHWEST 7TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33311

Title SEC  
Name NAPOLEON, KIMBERLEY M  
Address 14311 BISCAYNE BLVD  
613501  
City-State-Zip: NORTH MIAMI FL 33261

Title DIR  
Name BRINSON, MATILDA  
Address P O BOX 900221  
City-State-Zip: HOMESTEAD FL 33090

*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:** PATRICIA GLOVER

**PRESIDENT**

**04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date