

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000005143

Entity Name: HEARTS, HANDS AND HOPE, INC.**Current Principal Place of Business:**198 SPECIALTY POINT
SANFORD, FL 32771**Current Mailing Address:**7025 CR 46A STE. 1071, #414
LAKE MARY, FL 32746 US**FEI Number: 81-2669649****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILSON, MICHELLE
1295 TADSWORTH TERRACE
LAKE MARY, FL 32746 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	WILSON, MICHELLE
Address	1295 TADSWORTH TERRACE
City-State-Zip:	LAKE MARY FL 32746

Title	CEO
Name	WILSON, ERIC
Address	1295 TADSWORTH TERRACE
City-State-Zip:	LAKE MARY FL 32746

Title	SECRETARY
Name	BRANCH, PENNY
Address	3448 ROCKCLIFF PLACE
City-State-Zip:	LONGWOOD FL 32779

Title	VP
Name	DESMEDT, MICHELLE
Address	1366 BRISTOL PARK PLACE
City-State-Zip:	LAKE MARY FL 32746

Title	DIRECTOR
Name	HOLLEY, KELLY
Address	218 LITTLEHAMPTON CLOSE
City-State-Zip:	LONGWOOD FL 32779

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: MICHELLE WILSON**PRESIDENT****02/05/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date