

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000006657

Entity Name: HANDS OF ESPERANZA INC.**Current Principal Place of Business:**369 BANYAN DRIVE
MAITLAND, FL 32751**Current Mailing Address:**PO BOX 940441
MAITLAND, FL 32794 US**FEI Number:** 84-2990072**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHROFF, KUNJ
109 ELMWOOD ST
ORLANDO, FL 32801 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	SWEAT, ASHLEY A
Address	109 ELMWOOD ST
City-State-Zip:	ORLANDO FL 32801

Title	VP
Name	SHROFF, KUNJ
Address	109 ELMWOOD ST
City-State-Zip:	ORLANDO FL 32801

Title	TREASURER
Name	BERKLAND, ARIANNE M
Address	109 ELMWOOD ST
City-State-Zip:	ORLANDO FL 32801

Title	DIR
Name	NGUYEN, ALEXANDER
Address	109 ELMWOOD ST
City-State-Zip:	ORLANDO FL 32801

Title	DIR
Name	DICKSON, KURTIS A
Address	109 ELMWOOD ST
City-State-Zip:	ORLANDO FL 32801

Title	SECRETARY
Name	FALZON, MELISSA
Address	109 ELMWOOD ST
City-State-Zip:	ORLANDO FL 32801

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: ARIANNE BERKLAND**TREASURER****01/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date