

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000000652

Entity Name: HANDS OF HOPE USA, INC.

Current Principal Place of Business:

925 EDGEWOOD AVENUE WEST
JACKSONVILLE, FL 32208

Current Mailing Address:

925 EDGEWOOD AVENUE WEST
JACKSONVILLE, FL 32208 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, BRUCE SR
5519 KILKEE CT
JACKSONVILLE, FL 32244 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 COHEN, BRUCE SR
Address 925 EDGEWOOD AVENUE WEST
City-State-Zip: JACKSONVILLE FL 32208

Title VP
Name COHEN, FAYE
Address 925 EDGEWOOD AVENUE WEST
City-State-Zip: JACKSONVILLE FL 32208

Title S, T
Name COHEN, KEVIN
Address 925 EDGEWOOD AVENUE WEST
City-State-Zip: JACKSONVILLE FL 32208

Title OFFICER
Name BROWN, KIARA
Address 925 EDGEWOOD AVENUE WEST
City-State-Zip: JACKSONVILLE FL 32208

Title OFFICER
Name JACKSON, SHANDREA A
Address 5519 KILKEE CT
City-State-Zip: JACKSONVILLE FL 32244

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: BRUCE E COHEN

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date