

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	S, T
Name	COHEN, KEVIN
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

Title	VP
Name	COHEN, FAYE
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

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