**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2021**
**Secretary of State**
**6483288236CC**

DOCUMENT# N20000010940

**Entity Name:** HOLISTIC HANDS HOSPICE HOUSE INCORPORATED

**Current Principal Place of Business:**

6029 AMBASSADOR DRIVE
TAMPA, FL 33615

**Current Mailing Address:**

6029 AMBASSADOR DRIVE
TAMPA, FL 33615

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

JOHNSON, JAMESE
6029 AMBASSADOR DRIVE
TAMPA, FL 33615 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 | DIR | Title | DIR |
| Name | JOHNSON, JAMESE C | Name | LAWSON, SHAKISHA R |
| Address | 6029 AMBASSADOR DRIVE | Address | 1509 CLAIR MEL CIRCLE |
| City-State-Zip: | TAMPA FL 33615 | City-State-Zip: | TAMPA FL 33619 |

| | |
|---|---|
| Title | DIR |
| Name | PAUL, VALERY |
| Address | 5531 17TH WAY S. APT. F |
| City-State-Zip: | SAINT PETERSBURG FL 33712 |

*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: JAMESE JOHNSON DIRECTOR 04/30/2021

Electronic Signature of Signing Officer/Director Detail — Date