

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007430

**Entity Name:** THE UNITED HANDS PROJECT, INC.

**Current Principal Place of Business:**

2310 HWY 77  
STE 110-309  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

2310 HWY 77  
STE 110-309  
LYNN HAVEN, FL 32444 US

**FEI Number:** 88-3078662

**Certificate of Status Desired:** No

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

CRITTENDEN, DURIEL  
2310 HWY 77  
STE 110-309  
LYNN HAVEN, FL 32444 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:** DURIEL CRITTENDEN

05/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name JONES, SHANDRA  
Address 2310 HWY 77  
STE 110-309  
City-State-Zip: LYNN HAVEN FL 32444

Title VC  
Name SPARKS, MICHAEL  
Address 2310 HWY 77  
STE 110-309  
City-State-Zip: LYNN HAVEN FL 32444

Title SECRETARY  
Name BROWN, DANIELLE  
Address 2310 HWY 77  
STE 110-309  
City-State-Zip: LYNN HAVEN FL 32444

Title TREASURER  
Name DORSEY, KARLESHIA  
Address 2310 HWY 77  
STE 110-309  
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR  
Name CRITTENDEN, SOPHIA L  
Address 2310 HWY 77  
STE 110-309  
City-State-Zip: LYNN HAVEN FL 32444

Title DIRECTOR  
Name CRITTENDEN, DURIEL D  
Address 2310 HWY 77  
STE 110-309  
City-State-Zip: LYNN HAVEN FL 32444

*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:** DURIEL CRITTENDEN

**DIRECTOR**

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date