

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002908

**Entity Name:** UNITED HANDS SERVICES, INC.

**Current Principal Place of Business:**

1689 BIDE-A-WEE PARK  
COLUMBUS, OH 43205

**Current Mailing Address:**

1740 SE 18 ST STE 901  
OCALA, FL 34471

**FEI Number:** 52-1930334

**Certificate of Status Desired:** No

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

BURNETT, ANN  
1740 SE 18 ST STE 901  
OCALA, FL 34471 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 VCVP  
Name BURNETT, ANN  
Address 4210 SW 58TH AVE  
City-State-Zip: Ocala FL 34474

Title CP  
Name WILLIAMS, DAVID  
Address 149 HARWICH RD.  
City-State-Zip: CHESTNUT HILL MA 02467

Title D  
Name BOVELL, DON  
Address 4210 SW 58TH AVE  
City-State-Zip: Ocala FL 34474

Title DT  
Name HARMON, DAVID  
Address 1689 BIDE-A-WEE PARK  
City-State-Zip: COLUMBUS OH 43205

Title S  
Name TRUSTY, JUANITA  
Address 2617 SWEET OAK CIRCLE  
City-State-Zip: GERMANTOWN TN 38138

*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:** ANN BURNETT

VP

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date