

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000005463

Entity Name: HANDS FOR HEALING INTERNATIONAL, INC.**Current Principal Place of Business:**403 GARDENDALE CIRCLE SE
PALM BAY, FL 32909**Current Mailing Address:**403 GARDENDALE CIRCLE SE
PALM BAY, FL 32909 US**FEI Number:** 20-2128450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAPMAN, JIMMY R JR
403 GARDENDALE CIRCLE SE
PALM BAY, FL 32909 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 MYERS, DAVID
Address 301 BRIGHTWATER DRIVE SE
City-State-Zip: PALM BAY FL 32909

Title SECRETARY, TREASURER
Name RITCHEY, TIMOTHY
Address 1124 SANDY LANE NE
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR
Name MCELHANEY, LANCE
Address 12679 WATER'S EDGE COURT
City-State-Zip: CAMBY IN 46113

Title DIRECTOR
Name MITCHELL, JOE M JR.
Address 4635 CAROLWOOD DRIVE
City-State-Zip: MELBOURNE FL 32934

Title VP
Name CHAPMAN, JIMMY R JR
Address 403 GARDENDALE CIRCLE
City-State-Zip: PALM BAY FL 32909

Title DIRECTOR
Name BRAZZEL, TOBY
Address 142 W. JAHN STREET
City-State-Zip: NEW BRAUNFELS TX 78130

Title DIRECTOR
Name WEEKLEY, RODNEY
Address 13240 CARTER ISLAND ROAD
City-State-Zip: GROVELAND FL 34734

Title DIRECTOR
Name URSHAN, JOEL
Address 6477 COOPER ROAD
City-State-Zip: CINCINNATI OH 45242

Continues on page 2

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: JIMMY R. CHAPMAN, JR.

VICE PRESIDENT

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MILLER, MARK
Address	898 NELSON AVENUE NE
City-State-Zip:	PALM BAY FL 32907