2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 19, 2021
Secretary of State
3935226697CC

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	Title	VP
Name	MYERS, DAVID	Name	CHAPMAN, JIMMY R JR
Address	301 BRIGHTWATER DRIVE SE	Address	403 GARDENDALE CIRCLE
City-State-Zip:	PALM BAY FL 32909	City-State-Zip:	PALM BAY FL 32909
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	RITCHEY, TIMOTHY	Name	BRAZZEL, TOBY
Address	1124 SANDY LANE NE	Address	142 W. JAHN STREET
City-State-Zip:	PALM BAY FL 32905	City-State-Zip:	NEW BRAUNFELS TX 78130
Title	DIRECTOR	Title	DIRECTOR
Name	MCELHANEY, LANCE	Name	WEEKLEY, RODNEY
Address	12679 WATER'S EDGE COURT	Address	13240 CARTER ISLAND ROAD
City-State-Zip:	CAMBY IN 46113	City-State-Zip:	GROVELAND FL 34734
Title	DIRECTOR	Title	DIRECTOR
Name	MITCHELL, JOE M JR.	Name	URSHAN, JOEL
Address	4635 CAROLWOOD DRIVE	Address	6477 COOPER ROAD
City-State-Zip:	MELBOURNE FL 32934	City-State-Zip:	CINCINNATI OH 45242

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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 02/19/2021

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