FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757127 (6)

1. Corporation Name

HOLDING HANDS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
175 NW 128TH STREET P.O. BOX 531217 MIAMI SHORES FL 33153	175 NW 128TH STREET P.O. BOX 531217 MIAMI SHORES FL 33153

3. Date Incorporated or Qualified: 04/09/1981
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2120609 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 175 NW 128th Street	26 175 NW 128th Street
Suite, Apt. #, etc. 22 P.O. Box 530604	Suite, Apt. #, etc. 27 P.O. Box 530604
City & State 23 Miami Shores, FL.	City & State 28 Miami Shores, FL.
Zip / Country 24 33153 / 25 Dade	Zip / Country 29 33153 / 30 Dade

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANE, TERESA 8727 CARLYLE AVE. SURFSIDE FL 33154	81 Name: Fanny Williams 82 Street Address (P.O. Box Number is Not Acceptable) 83 ~~175 NW 128th~~ 11626 NE 7 Avenue 84 City: Biscayne Park FL 85 Zip Code: 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Fanny Williams President — 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President (Director)	☒ Change ☐ Addition
NAME	ALISON BOYD	1.2 NAME	Fanny Williams	
STREET ADDRESS	19665 NE 12TH AVE.	1.3 STREET ADDRESS	11626 NE 7 Avenue	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	Biscayne Park, FL. 33161	
TITLE	VP	2.1 TITLE	~~Treasurer~~ (Director)	☒ Change ☐ Addition
NAME	TERE AHE	2.2 NAME	Andrea Livingston	
STREET ADDRESS	8727 CARLYLE AVE.	2.3 STREET ADDRESS	676 NE 115 Street	
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CITY-ST-ZIP	Biscayne Park, FL. 33161	
TITLE	DT	3.1 TITLE	~~DT~~ (Director)	☒ Change ☐ Addition
NAME	ITTILOCKSATIT, JOANNE	3.2 NAME	Jackie Gonzalez	
STREET ADDRESS	1000 NE 196 TERRACE	3.3 STREET ADDRESS	925 117 Street	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	3.4 CITY-ST-ZIP	Biscayne Park, FL. 33161	
TITLE	DT	4.1 TITLE	~~Secretary~~ (Director)	☒ Change ☐ Addition
NAME	PETER YOUNG	4.2 NAME	Kimberly Hynes	
STREET ADDRESS	390 NE 156 STREET	4.3 STREET ADDRESS	302 NE 100 Street	
CITY-ST-ZIP	MIAMI FL 33162	4.4 CITY-ST-ZIP	Miami Shores, FL. 33138	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ABDALLA, PATRICIA	5.2 NAME		
STREET ADDRESS	715 N.E. 179 TERRACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fanny Williams President — 2/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #