

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006616 (6)

1. Corporation Name

EXTEND A HAND ASSOCIATION



Principal Place of Business

7257 WEMBLEY TERRACE W.
TOLEDO OH 43617

Mailing Address

7257 WEMBLEY TERRACE W.
TOLEDO OH 43617

3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

21 3148 SILKWOOD LN

Suite, Apt. #, etc.

2a. Mailing Address

26 3148 SILKWOOD LN

Suite, Apt. #, etc.

4. FEI Number
31-1267993

Applied For
Not Applicable

22 City & State

23 PORT CHARLOTTE FL

24 Zip
33953

Country

27 City & State

28 PORT CHARLOTTE, FL

29 Zip
33953

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ESTES, KAREN
1796 BAYSHORE RD.
ENGLEWOOD FL 34233

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ D ☐ DELETE
NAME KELLY, ROSEMARY J
STREET ADDRESS 7257 WEMBLEY TERRACE W.
CITY - ST - ZIP TOLEDO OH 43617

TITLE ☒ D ☐ DELETE
NAME CHAMBERS, FIONA
STREET ADDRESS 1038 CLYMENA
CITY - ST - ZIP TOLEDO OH 43612

TITLE ☒ D ☐ DELETE
NAME ☒ KELLY, ROBERT
STREET ADDRESS 1796 BAYSHORE RD
CITY - ST - ZIP ENGLEWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 3148 SILKWOOD LN
14 CITY - ST - ZIP PORT CHARLOTTE FL 33953

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE - ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS 100001869731
54 CITY - ST - ZIP -06/20/96--01054--048
***61.25

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. KELLY

5/30/96

941-624-3032

Daytime Phone #

CR2E037 (12/95)