


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90069 014 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000006616

1. Corporation Name

EXTEND A HAND ASSOCIATION

Principal Place of Business

3148 SILKWOOD LN
PORT CHARLOTTE FL 33953

Mailing Address

3148 SILKWOOD LN
PORT CHARLOTTE FL 33953



| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 105 ARDEN MAYS | | 26 | | 12/28/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 PLANT CITY | | 27 | | 31-1267993 | |
| City & State | | City & State | | Applied For | |
| 23 FLA. | | 28 | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 24 33566 | | 29 | | 8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 USA | | 30 | | Trust Fund Contribution <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| ESTES, KAREN | | 81 Name | | | |
| 1796 BAYSHORE RD. | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| ENGLEWOOD FL 34233 | | 83 | | | |
| | | 84 City | | | |
| | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, ROSEMARY J | 1.2 NAME | ROSEMARY KELLY, ROSEMARY J. |
| STREET ADDRESS | 14056 WILLOW GLEN CT #227 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAMBERS, FIONA | 2.2 NAME | |
| STREET ADDRESS | 1038 CLYMENA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH 43612 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 14056 WILLOW GLEN CT #227 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT J. KELLY - DIRECTOR 5/5/99

CR2E037 (11/98)