

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90279 044 \*\*\*\*61.25

**DOCUMENT # N01000000400**

1. Entity Name

**HIS HANDS EXTENDED OF SOUTH FLORIDA, INC.**



Principal Place of Business

**441 S S.R. 7. STE 17  
MARGATE FL 33068**

Mailing Address

**441 S S.R. 7. STE 17  
MARGATE FL 33068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1069559**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MURRAY, MARLENE  
5792 NW 48 DR  
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, MARLENE</b>	
STREET ADDRESS	<b>5792 NW 48 DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PALMER, MARCIA</b>	
STREET ADDRESS	<b>5801 NW 17 PL. #10</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TOMLINSON, NADINE</b>	
STREET ADDRESS	<b>2101 NW 62 TERR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, COLLEEN</b>	
STREET ADDRESS	<b>2451 NW 41 AVE, APT 410</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, GAIL</b>	
STREET ADDRESS	<b>2919 NW 56 AVE, #A1</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, JEAN</b>	
STREET ADDRESS	<b>6111 WASHINGTON ST, #210</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

CR2E037 (10/02)