2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004
Secretary of State

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Entity Name: HANDS TO THE WORLD INTERNATIONAL RELIEF INCORPORATED

Current Principal Place of Business:

2874 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2874 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3745846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JANIS K DR
2874 E. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34744

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SMITH, JANIS K DR	
Address:	2001 GRANADA BLVD.	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	D	( ) Delete
Name:	WILKER, JOHN DR	
Address:	2616 FLORENCE DR.	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	LINK, MICHAEL	
Address:	264 OAKHURST CIR.	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	TURNER, JOANNE	
Address:	1201 HANCOCK CIR.	
City-St-Zip:	ST. CLOUD, FL 34769	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANIS SMITH PR 08/10/2004

Electronic Signature of Signing Officer or Director — Date