

2006 NOT-FOR-PROFIT CORPORATION

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 050 ****61.25

DOCUMENT # N01000003890					
1. Entity Name OPEN HANDS INC.					
Principal Place of Business 1316 N.W. 15TH PLACE FT. LAUDERDALE, FL 33311 US			Mailing Address 1316 N.W. 15TH PLACE FT. LAUDERDALE, FL 33311 US		
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 05-1134638				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADETULA, JIMI 1518 N.W. 15TH AVE. FT. LAUDERDALE, FL 33311			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME JOHNSON, FRANKLYN		<input type="checkbox"/> Delete		
STREET ADDRESS 6325 N.W. 43RD TERR.	CITY-ST-ZIP COCONUT CREEK, FL 33073		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME PRINCE, HORACE		<input type="checkbox"/> Delete		
STREET ADDRESS 10301 NW 16TH ST	CITY-ST-ZIP PLANTATION, FL 33322		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME WRIGHT, KARLENE		<input type="checkbox"/> Delete		
STREET ADDRESS 11192 N.W. 1ST PLACE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ED	NAME BOMPART, BERNICE		<input type="checkbox"/> Delete		
STREET ADDRESS 1877 NW 96TH AVE	CITY-ST-ZIP PLANTATION, FL 33322		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE C	NAME SYLVESTER, BOMPART		<input type="checkbox"/> Delete		
STREET ADDRESS 1877 NW 96TH AVE	CITY-ST-ZIP PLANTATION, FL 33322		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME STRAW, DOROTHY		<input type="checkbox"/> Delete		
STREET ADDRESS 7161 S.W. 8TH CT.	CITY-ST-ZIP PLANTATION, FL 33317		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bernice Bompert</i> BERNICE BOMPART 01.19.06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					