


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90021 014 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-1134638	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADETULA, JIMI 1518 N.W. 15TH AVE. FT. LAUDERDALE, FL 33311			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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		TITLE T	NAME Johnson, Franklyn	
STREET ADDRESS 6325 N.W. 43RD TERR.	CITY-ST-ZIP COCONUT CREEK, FL 33073		STREET ADDRESS 6325 N.W. 43rd Terr.	CITY-ST-ZIP Coconut Creek, FL 33073	
TITLE D	NAME PRINCE, HORACE		TITLE D.	NAME King, Bridget	
STREET ADDRESS 5975 W SUNRISE BLVD	CITY-ST-ZIP FORT LAUDERDALE, FL 33313		STREET ADDRESS 7027 W. Broward Blvd, #254	CITY-ST-ZIP Plantation, FL 33317	
TITLE D	NAME WRIGHT, KARLENE		TITLE D.	NAME Prince, Horace	
STREET ADDRESS 11192 N.W. 1ST PLACE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		STREET ADDRESS 1102 Cross Country Rd.	CITY-ST-ZIP Winter Garden, FL 34187	
TITLE ED	NAME BOMPART, BERNICE		TITLE (blank)	NAME (blank)	
STREET ADDRESS 1877 NW 96TH AVE	CITY-ST-ZIP PLANTATION, FL 33322		STREET ADDRESS (blank)	CITY-ST-ZIP (blank)	
TITLE C	NAME SYLVESTER, BOMPART		TITLE (blank)	NAME (blank)	
STREET ADDRESS 1877 NW 96TH AVE	CITY-ST-ZIP PLANTATION, FL 33322		STREET ADDRESS (blank)	CITY-ST-ZIP (blank)	
TITLE D	NAME STRAW, DOROTHY		TITLE (blank)	NAME (blank)	
STREET ADDRESS 7161 S.W. 8TH CT.	CITY-ST-ZIP PLANTATION, FL 33317		STREET ADDRESS (blank)	CITY-ST-ZIP (blank)	
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: <u>Bernice Bompert</u> BERNICE BOMPART 02-11-08 954-205-1172					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					