

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004832

FILED
Apr 12, 2004
Secretary of State**Entity Name:** HAND-UP COMMUNITY DEVELOPMENT, INC.**Current Principal Place of Business:**8627 SAMONA DR. W.
JACKSONVILLE, FL 32208**New Principal Place of Business:****Current Mailing Address:**8627 SAMONA DR. W.
JACKSONVILLE, FL 32208**New Mailing Address:****FEI Number:** 03-0374870**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BYTHWOOD, VIRGINIA
8627 SAMONA DR. W.
JACKSONVILLE, FL 32208**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: PD () Delete
Name: BYTHWOOD, VIRGINIA
Address: 8627 SAMONA DR. W.
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: SIMMONS, REGINA
Address: 11501 HARTS ROAD, #202
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: BYTHWOOD, WILLIE
Address: 2445 DUNN AVENUE, #207
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: VIRGINIA BYTHWOOD

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date