2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007785

Apr 29, 2002 8:00 AM Secretary of State

Entity Name: THE HANDS THAT REACH THE POOR AND HURTING SOULS, INC.

Current Principal Place of Business: New Principal Place of Business:

220 SE 2ND AVENUE 606

FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

220 SE 2ND AVENUE

FORT LAUDERDALE, FL 33301

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOLO, JERRY 220 SE 2ND AVENUE 606

FORT LAUDERDALE, FL 33301

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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: HUNTER, WALTER Name: HUNTER, WALTER

Address: 220 SE 2ND AVENUE, STE 604 Address: 220 SE 2ND AVENUE, STE 604
City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301

 $\label{eq:total_continuity} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VD} \qquad \mbox{(X) Change () Addition}$

Name: SNEED, CHARLES Name: SNEED, CHARLES

Address: 220 SE 2ND AVENUE, STE 604 Address: 220 SE 2ND AVENUE, STE 604 City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301

 $\label{eq:title: V (x) Delete Title: VD (X) Change () Addition} \end{minipage}$

Name: MARTIN, YOLANDA Name: MARTIN, YOLANDA

 Address:
 220 SE 2ND AVENUE, STE 604
 Address:
 220 SE 2ND AVENUE, STE 604

 City-St-Zip:
 FORT LAUDERDALE, FL 33301
 City-St-Zip:
 FORT LAUDERDALE, FL 33301

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: WALTER HUNTER PD 04/29/2002