

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90185 041 ****61.25

DOCUMENT # N01000007785

1. Entity Name

THE HANDS THAT REACH THE POOR AND HURTING SOULS, INC.



Principal Place of Business

**220 SE 2ND AVENUE
606
FORT LAUDERDALE FL 33301**

Mailing Address

**220 SE 2ND AVENUE
606
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

2451 NW 41 AVE

3. Mailing Address

2451 NW 41 AVE

Suite, Apt. #, etc.

STE 111, BLDG #5

Suite, Apt. #, etc.

STE 111, BLDG #5

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33313

Country

USA

Zip

33313

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLO, JERRY

220 SE 2ND AVENUE

606

FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **LORNA KNIGHTS**

Street Address (P.O. Box Number is Not Acceptable)

2451 NW 41 AVE, STE. 111, BLDG. # 5

City

LAUDERHILL

FL

Zip Code

33313

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

Lorna Knights **LORNA KNIGHTS**

2/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, WALTER 220 SE 2ND AVENUE, STE 604 FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNEED, CHARLES 220 SE 2ND AVENUE, STE 604 FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, YOLANDA 220 SE 2ND AVENUE, STE 604 FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORNA KNIGHTS 2451 NW 41 AVE LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DR. VERONICA GRAHAM 2451 NW 41 AVE LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. NATALIE KNIGHTS 2451 NW 41 AVE LAUDERHILL, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *L. S. KNIGHTS* **LORNA KNIGHTS**

2/20/03

(954) 497-1900

CR2E037 (10/02)