

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91104 023 ****61.25

DOCUMENT # N02000008231

1. Entity Name

AN EXTENDED HAND, INC.



Principal Place of Business

**1973 HERDER PARKWAY
LANTANA FL 33462**

Mailing Address

**1973 HERDER PARKWAY
LANTANA FL 33462**

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

052-0556859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEATHERS, ELIZABETH P
1973 HERDER PARKWAY
LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name

JOHN YEEND

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

1109 S. CONGRESS AVE

City

WEST PALM BEACH FL

Zip Code

33406

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

JOHN YEEND

3-12-03

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 **D** ☐ Delete
NAME **YEEND, JOHN**
STREET ADDRESS **1109 S CONGRESS AVE**
CITY-ST-ZIP **W PALM BEACH FL 33406**

TITLE **D** ☐ Delete
NAME **ZERCHER, ANGELA**
STREET ADDRESS **4708 OAK TERRACE DR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete
NAME **BEVELACQUA, LILLIAN**
STREET ADDRESS **1053 ISLAND MANOR DR**
CITY-ST-ZIP **W PALM BEACH FL 33413**

TITLE **D** ☐ Delete
NAME **Susan Gearhart**
STREET ADDRESS **124 Cove Rd**
CITY-ST-ZIP **Greenacres FL 33413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

3-12-03 561-642-4200

CR2E037 (10/02)