

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90168 002 ****70.00

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1. Entity Name
**EXTENDED HANDS COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business
**1100 NW 4TH STREET
FT. LAUDERDALE, FL 33311 08**

Mailing Address
**1100 NW 4TH STREET
FT. LAUDERDALE, FL 33311 08**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
30-0146687

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, TORREY
1100 NW 4TH STREET
FT. LAUDERDALE, FL 33311**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
JONES, PHYLLIS
7848 CATALINA CIRCLE
TAMARAC, FL 33321** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Torrey Phillips
1100 NW 4th Street
Ft. Lauderdale, FL 33311** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JONES, BERNICE
2830 NW 15TH STREET
FORT LAUDERDALE, FL 33311** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice-President/Treasurer
Keisha Phillips
1100 NW 4th Street
Ft. Lauderdale, FL 33311** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JONES, SYLVESTER
105 MILNE STREET #3
BRIDGEPORT, CT 06604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Ola King
1311 NW 43rd Avenue #207
Lauderhill FL 33313** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06 954462-7192