

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005723

FILED
Apr 15, 2005
Secretary of State

Entity Name: OPEN HANDS OF HOPE, INC.

Current Principal Place of Business:

715 NE 143 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

715 NE 143 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 02-0696373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEHY, RAPHAEL E
715 NE 143RD STREET
NORTH MIAMI, FL 33161 US

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: D () Delete
Name: GEHY, RAPHAEL E
Address: 715 NE 143 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: GEHY, ELSIE
Address: 715 NE 143 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: BERROUET, JOUBERT
Address: 15050 NE 11 COURT
City-St-Zip: MIAMI, FL 33161

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: RAPHAEL EDY GEHY

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date