

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 041 \*\*\*\*61.25

**DOCUMENT # N03000006720**

1. Entity Name  
**HAND OF HOPE OUTREACH INTERNATIONAL, INC.**



Principal Place of Business  
**14375 MYER LAKE CIRCLE  
CLEARWATER, FL 33760**

Mailing Address  
**14375 MYER LAKE CIRCLE  
CLEARWATER, FL 33760  
P.O. Box 340  
Ozona, FL 34660**

40047358



**DO NOT WRITE IN THIS SPACE**

01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**75-3126014**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WINSETT, F.S. B  
14375 MYER LAKE CIRCLE  
CLEARWATER, FL 33760**

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WINSETT, F.S. B
STREET ADDRESS	14375 MYER LAKE CIRCLE
CITY - ST - ZIP	CLEARWATER, FL 33760

TITLE	D
NAME	ZABAWSKI, DAVE
STREET ADDRESS	2823 CHALLENGER DR
CITY - ST - ZIP	PALM HARBOR, FL 34683

TITLE	D
NAME	D'ANDREA, BOB
STREET ADDRESS	9622 142ND AVE N
CITY - ST - ZIP	LARGO, FL 33771

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

3-31-06

Date

727-463-7285

Daytime Phone #