2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90222 019 ****70.00

DOCUMENT # N04000002653

1. Entity Name

HANDS ON BROWARD, INCORPORATED

Principal Place of Business	Mailing Address
1701 NW 43 STREET OAKLAND FL 33309	1701 NW 43 STREET OAKLAND FL 33309

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
512 NE 3rd AVENUE	512 NE 3rd AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number: 20-0970910 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ERWIN, LEANNE
1701 NW 43 STREET
OAKLAND FL 33309

7. Name and Address of New Registered Agent

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 _____ LEANNE T. ERWIN, PRES. 4-21-05

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
Due By May 1, 2005

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEANNE T. ERWIN 1701 NW 43 ST OAKLAND PARK, FL 33309 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WANDA M. CRAWFORD 9963 NW 18 ST PEMBROKE PINES, FL 33024 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SONIA MITCHELL 233 NW 8 AVE, #207 HALLANDALE BEACH, FL 33009 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RONALD B. BROWN 11326 NW 65 MANOR PARKLAND, FL 33076 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DARCY BEEMAN 4721 NE 13 AVE OAKLAND PARK, FL 33334 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFREDO ROBERTS 3712 TATUM TRACE JACKSONVILLE, FL 32259 ☐ Change ☐ Addition
			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GINGER MIRANDA 208 S.E. 12 ST. FT. LAUDERDALE, FL 33316 ☐ Change ☐ 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), F.S. 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, F.S.; and that my name appears in Block 10 or Block 11 with an address, with all other like empowered.

SIGNATURE: _____ LEANNE T. ERWIN, PRES. _____ / _____ / _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #