

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 1701 NW 43 STREET OAKLAND FL 33309	Mailing Address 1701 NW 43 STREET OAKLAND FL 33309
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2. Principal Place of Business 512 NE 3rd AVENUE Suite, Apt. #, etc.	3. Mailing Address 512 NE 3rd AVENUE Suite, Apt. #, etc.
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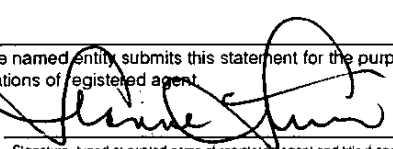


1st MOORE CR2E037 (10/04)

City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL	4. FEI Number 30-0970910	Applied For ☐
Zip 33301	Country USA	Zip 33301	Country USA
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	
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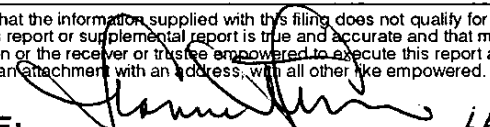
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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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	☐ Change ☐ Addition
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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 indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **LEANNE T. ERWIN, PRES.** **4-21-05**
Signature, typed or printed name of signing officer or director Date Daytime Phone #