

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006148

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: OPEN HANDS TO THE CHILDREN CORP

## Current Principal Place of Business:

6840 NW 12TH AVE  
MIAMI, FL 33150 US

## New Principal Place of Business:

19 NW 85 STREET  
MIAMI, FL 33150 US

## Current Mailing Address:

6840 NW 12TH AVE  
MIAMI, FL 33150 US

## New Mailing Address:

19 NW 85 STREET  
MIAMI, FL 33150 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GIVENS, WILLIE MARY  
6840 NW 12TH AVE  
MIAMI, FL 33150 US

## Name and Address of New Registered Agent:

LEVEILLE, MARIE J  
19 NW 85 STREET  
MIAMI, FL 33150 US

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: MARIE JACINTHE LEVEILLE

03/15/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALUSMA, JOSUE  
Address: 7948 LEICESTER CT  
City-St-Zip: NAPLES, FL 34104 US

Title: VP ( ) Delete  
Name: LEVEILLE, MARIE J  
Address: 19 NW 85TH ST  
City-St-Zip: MIAMI, FL 33150 US

Title: SEC ( ) Delete  
Name: SIRENORD, CHARLENE S  
Address: 6275 PARKERS HAMMOCK APT D  
City-St-Zip: NAPLES, FL 34112 US

Title: TR ( ) Delete  
Name: ALUSMA, ODEL  
Address: 825 POWDER SPRING RD APT 806  
City-St-Zip: MARIETTA, GA 30064 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEVEILLE, MARIE J  
Address: 19 NW 85 STREET  
City-St-Zip: MIAMI, FL 33150 US

Title: TR (X) Change ( ) Addition  
Name: GIVENS, WILLIE M  
Address: 6840 NW 12 AVENUE  
City-St-Zip: MIAMI, FL 33150 US

Title: D (X) Change ( ) Addition  
Name: ALUSMA, JOSUE  
Address: 825 POWDER SPRING ROAD - APT. 806  
City-St-Zip: MARIETTA, GA 30064 US

Title: D (X) Change ( ) Addition  
Name: ALUSMA, ODEL  
Address: 7948 LEICESTER CT  
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARIE LEVEILLE

PRES

03/15/2006

Electronic Signature of Signing Officer or Director

Date