


# 2007. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N27369</b> 1. Entity Name <b>THE HAND FOUNDATION, INCORPORATED</b>	
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Principal Place of Business <b>C/O RUBEN LEDESMA, JR. 1499 FOREST HILL BLVD., SUITE 116 WEST PALM BEACH, FL 33406</b>	Mailing Address <b>C/O RUBEN LEDESMA, JR. 1499 FOREST HILL BLVD., SUITE 116 WEST PALM BEACH, FL 33406</b>
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0118848</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEDESMA, RUBEN JR.  
1499 FOREST HILL BLVD.  
SUITE 116  
WEST PALM BEACH, FL 33406**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ALTMAN, THOMAS L. 1000 NE 2ND STREET BELLE GLADE, FL 33432
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ORSENIGO, PAUL R. 709 NE 3 STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LEDESMA, RUBEN JR. 1499 FOREST HILL BLVD#116 W. PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HAND, HOMER J. 949 SE 4 STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HAND, FRANCES R. 949 SE 4 STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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U00000757729  
05/23/07-80083-019 61.25

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:** Ruben Ledesma, Jr. *Secretary* **561.**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/30/07 Daytime Phone # 439-0171