

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N27369**

1. Entity Name  
**THE HAND FOUNDATION, INCORPORATED**



Principal Place of Business  
**C/O RUBEN LEDESMA, JR.  
1499 FOREST HILL BLVD., SUITE 116  
WEST PALM BEACH, FL 33406**

Mailing Address  
**C/O RUBEN LEDESMA, JR.  
1499 FOREST HILL BLVD., SUITE 116  
WEST PALM BEACH, FL 33406**



04302008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0118848**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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**

**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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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05/21/08-80114-025 61.25

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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

Date

Daytime Phone #

*Ruben Ledesma Jr.* 4/29/08 561-439-9171