

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002199

FILED
Feb 07, 2005
Secretary of State

Entity Name: HANDS TO THE WORLD, INC.

Current Principal Place of Business:

2874 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

3956 TOWN CENTER BLVD., STE 278
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3201852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JANIS
2001 GRANADA BLVD.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JANIS
Address: 2001 GRANADA BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Delete
Name: LINDSEY, GUY
Address: 656 ADRIANE PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: ST () Delete
Name: FLIPPO, MICHAEL R.
Address: 2900 PINERIDGE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: WILKER, JOHN
Address: 2616 FLORENCE DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: LINK, MICHAEL
Address: 264 OAKHURST CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: VERAB, JEFFERY
Address: 314 GRAND MAGNOLIA AVE.
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANIS SMITH

PD

02/07/2005

Electronic Signature of Signing Officer or Director

Date