

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000538 (8)

1. Corporation Name

HANDS OF HOPE, INC.

Principal Place of Business

586 EASY ST
MERRITT ISLAND FL 32953

Mailing Address

586 EASY ST
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report
4. FEI Number 59-3220558	Applied for ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 452 Ormond Ave	2a. Mailing Address 452 Ormond Ave.
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State Merritt Island, Fl.	27. City & State Merritt Island, Fl.
23. Zip 32953	28. Zip 32953
24. County Brevard	29. County Brevard
30. Brevard	

9. Name and Address of Current Registered Agent

WARE, ETHEL
1044 BELLEFONTE AVE
COCOA FL 32922

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of principal agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: **Ethel Ware Ethel Ware** **4-27-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME		11. NAME	President Ethel J Ware ☒ Change ☐ Addition
2. STREET ADDRESS		12. NAME	Secretary Marilyn Smith ☒ Change ☐ Addition
3. CITY & STATE		13. NAME	Treasurer Mary Hunter ☒ Change ☐ Addition
4. NAME		14. NAME	J T Carol Small ☐ Change ☐ Addition
5. STREET ADDRESS		15. NAME	Barbara French ☐ Change ☐ Addition
6. CITY & STATE		16. NAME	Gene French ☐ Change ☐ Addition
7. NAME		17. NAME	
8. STREET ADDRESS		18. NAME	
9. CITY & STATE		19. NAME	
10. NAME		20. NAME	
11. STREET ADDRESS		21. NAME	
12. CITY & STATE		22. NAME	
13. NAME		23. NAME	
14. STREET ADDRESS		24. NAME	
15. CITY & STATE		25. NAME	
16. NAME		26. NAME	
17. STREET ADDRESS		27. NAME	
18. CITY & STATE		28. NAME	
19. NAME		29. NAME	
20. STREET ADDRESS		30. NAME	
21. CITY & STATE		31. NAME	
22. NAME		32. NAME	
23. STREET ADDRESS		33. NAME	
24. CITY & STATE		34. NAME	
25. NAME		35. NAME	
26. STREET ADDRESS		36. NAME	
27. CITY & STATE		37. NAME	
28. NAME		38. NAME	
29. STREET ADDRESS		39. NAME	
30. CITY & STATE		40. NAME	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature and that 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 12 or Block 13 of a change of name or attachment with an address.

SIGNATURE: **Ethel Ware Ethel L Ware** **4-27-95 407-639-2619**