02271999-90091-007-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90091 007 ****61.25

* 3 3 9 5 3 3 *
339533 - 90118 - 9

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001950

1. Corporation Name
COMMUNITY HANDS, INC.

Principal Place of Business
340 NW BEAL PARKWAY
FT. WALTON BEACH FL 32548

Mailing Address
340 NW BEAL PARKWAY
FT. WALTON BEACH FL 32548

2. Principal Place of Business
21 UNITED WAY
22 Suite, Apt. #, etc. 112 Tupelo Ave
23 City & State Ft. WALTON BCH., FL
24 Zip 32548 25 Country Okaloosa

2a. Mailing Address
26 UNITED WAY
27 Suite, Apt. #, etc. 112 Tupelo Ave
28 City & State FT WALTON BCH., FL
29 Zip 32548 30 Country Okaloosa

3. Date Incorporated or Qualified 04/02/1998

4. FEI Number 59-3552728 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
BLANKENSHIP, SUZANNE
4300 BAYOU BLVD., STE. 12 & 13
PENSACOLA FL 32503

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCARBOROUGH, JOE		1.2 NAME		
STREET ADDRESS	4300 BAYOU BLVD., STE. 17C		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELL, REED		2.2 NAME		
STREET ADDRESS	97 SHORELINE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		2.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	BROWN, WHIT		3.2 NAME	ROBINSON, BILL	
STREET ADDRESS	3711 MCCLELLAN ROAD		3.3 STREET ADDRESS	112 Tupelo Ave	
CITY-ST-ZIP	PENSACOLA FL 32503		3.4 CITY-ST-ZIP	Ft. WALTON BCH., FL 32548	
TITLE	DS	☑ DELETE	4.1 TITLE	DS	☑ Change ☐ Addition
NAME	DOWNS, LEAH		4.2 NAME	PETERSON, AMANDA	
STREET ADDRESS	4300 BAYOU BLVD., STE. 17C		4.3 STREET ADDRESS	348 MIRACLE STRIP Pkwy #21	
CITY-ST-ZIP	PENSACOLA FL 32503		4.4 CITY-ST-ZIP	Ft. WALTON BCH., FL 32548	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, NAN		5.2 NAME		
STREET ADDRESS	4300 BAYOU BLVD., STE. 17C		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-22-99 850-479-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #