

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000001950**

1. Entity Name

COMMUNITY HANDS, INC.**FILED**
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90441 001 ***122.50

0018687

Principal Place of Business

Mailing Address

UNITED WAY
112 TUPELO AVE
FT. WALTON BEACH FL 32548UNITED WAY
112 TUPELO AVE
FT. WALTON BEACH FL 32548**41294**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3552728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANKENSHIP, SUZANNE
4300 BAYOU BLVD., STE. 12 & 13
PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCARBOROUGH, JOE
4300 BAYOU BLVD., STE. 17C
PENSACOLA FL 32503 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BELL, REED
97 SHORELINE DR.
GULF BREEZE FL 32561 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ROBINSON, BILL
112 TUPELO AV
FORT WALTON BEACH FL 32548 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
KLAUSUTIS, LORI
348 MIRACLE STRIP PKWY #21
FT. WALTON BCH FL 32548 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PETERSON, AMANDA
348 MIRACLE STRIP PWY 21
FORT WALTON BEACH FL 32548 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~HIGGINS, LISA~~
340 BEAL PWY
FORT WALTON BEACH FL 32548 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Janice Gordon
(same) ☒ Change ☐ Addition

12. 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 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 REQUIRED** *Treasure* 4/18/01 850-243-0315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)