

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000039

Entity Name: X-TENDING HANDS, INC.

Current Principal Place of Business:

7067 BLAIR DR.
ORLANDO, FL 32818

FILED
Apr 30, 2014
Secretary of State
CC9470321248

Current Mailing Address:

7067 BLAIR DR.
ORLANDO, FL 32818

FEI Number: 82-0582436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, SARAH
7067 BLAIR DR.
ORLANDO, FL 32818 US

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

Officer/Director Detail :

Title PCEO
Name MONICA, GADSON
Address 4549 KIRKLAND BLVD.
City-State-Zip: ORLANDO FL 32811

Title S
Name JANEE, BLACKMAN
Address 4490 KIRKLAND BLVD.
City-State-Zip: ORLANDO FL 32811

Title V
Name JACKSON, COREY
Address 3043 JOE LOUIS DR.
City-State-Zip: ORLANDO FL 32805

Title TD
Name TYNICA, NALL
Address 4737 N. PINE HILL RD. APT. 201
City-State-Zip: ORLANDO FL 32808

Title D
Name LATONYA, THOMAS
Address 801 CONLEY CT.
City-State-Zip: ORLANDO FL 32805

Title D
Name HOOSIER, BARBARA
Address 4490 KIRKLAND BLVD
City-State-Zip: ORLANDO FL 32811

I hereby 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 all other like empowered.

SIGNATURE: BARBARA HOOSIER

EXECUTIVE DIRECTOR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date