

**2017 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**  
**Feb 09, 2017**  
**Secretary of State**  
**CC4192575475**

**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**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date