2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2024
Secretary of State
4615238703CC

DOCUMENT# N05000002714

Entity Name: HANDS TOGETHER FOR HAITIANS, INC.

Current Principal Place of Business:

1520 10TH AVE. N
A
LAKE WORTH, FL 33460

Current Mailing Address:

12415 INDIAN ROAD
NORTH PALM BEACH, FL 33408

FEI Number: 20-2512245

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDERSON, NANCY
12415 INDIAN ROAD
NORTH PALM BEACH, FL 33408 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	DIRECTOR, PRESIDENT
Name	ANDERSON, NANCY
Address	12415 INDIAN ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR, SECRETARY
Name	HIGGINS, MARY JO
Address	106 ATLANTIC ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	DONALDSON, MARY BETH
Address	6308 WOOD LAKE ROAD
City-State-Zip:	JUPITER FL 33458

Title	TREASURER
Name	WILLIAM, TIEDJE
Address	30 PINE TERRACE
City-State-Zip:	TIBURON CA 94920

Title	DIRECTOR
Name	ANDERSON, ROBERT II
Address	12415 INDIAN ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR, VICE-PRESIDENT
Name	NARCISSE, LAVEAUX
Address	4707 OAK TERRACE DR.,
City-State-Zip:	GREENACRES FL 33463

Title	DIRECTOR
Name	ANDERSON - SWETMAN, NANCY HELEN
Address	1169 S. WASHINGTON AVE.
City-State-Zip:	COLUMBUS OH 43206

Title	DIRECTOR
Name	HAUSNER, LOUANN
Address	10,000 MILLSTONE DR.
City-State-Zip:	LENEXA KS 66220

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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: NANCY ANDERSON PRESIDENT 01/31/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MACK, MICHAEL
Address	501 WOODWARD DR.
City-State-Zip:	MADISON WI 53704

Title	DIRECTOR
Name	MICHEL, ORESTAL
Address	4727 EMPIRE WAY
City-State-Zip:	GREENACRES FL 33463

Title	DIRECTOR
Name	BRICE, SABRINA
Address	1128 AMERICAN ROSE PARKWAY
City-State-Zip:	ORLANDO FL 32825

Title	DIRECTOR
Name	MARUICE, REMY
Address	4868 CONCORDIA LANE
City-State-Zip:	BOYNTON BEACH FL 33436