

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010500

Entity Name: HANDUP CONGO, INC.**Current Principal Place of Business:**215 S OCEAN GRANDE DR PH 3
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**215 S OCEAN GRANDE DR PH 3
PONTE VEDRA BEACH, FL 32082**FEI Number:** 27-1080846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZOLNOR, ANNE
215 S OCEAN GRANDE DR PH 3
PONTE VEDRA BEACH, FL 32082 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	PD
Name	ZOLNOR, ANNE
Address	215 OCEAN GRANDE DRIVE PH 303
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	D
Name	HOBGOOD-BROWN, LUCY
Address	40 PARK ROAD
City-State-Zip:	HUNTERS HILL, NSW 2110

Title	D
Name	MEHTA, ROMA
Address	SIR SPEEDY 3F, 41-1 ZHONGSHAN NORTH ROAD SECTION 7
City-State-Zip:	TAIPEI 11156

Title	D
Name	JAMES, LINDA
Address	6313 ORANGE ST
City-State-Zip:	LOS ANGELES CA 90048

Title	D
Name	GENDRE, JACKY
Address	266 WINSTON ROAD
City-State-Zip:	EAGLETON, NSW 2324

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: ANNE ZOLNOR**TREASURER****03/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date