

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001367

**Entity Name:** THE CENTER OF OPEN HANDS MINISTRY INC.

**Current Principal Place of Business:**

4596 W. IRLO BRONSON MEMORIAL  
KISSIMMEE, FL 34746

**Current Mailing Address:**

451 HUNTER CIRCLE  
KISSIMMEE, FL 34758 US

**FEI Number:** 45-4525832

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SONNYLAL, TRYPHENIA  
451 HUNTER CIRCLE  
KISSIMMEE, FL 34758 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:** TRYPHENIA SONNYLAL

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIR	Title	DIRECTOR OF OPERATIONS
Name	SONNYLAL, TRYPHENIA	Name	SONNYLAL, NEHEMIAH
Address	451 HUNTER CIRCLE	Address	451 HUNTER CIRCLE
City-State-Zip:	KISSIMMEE FL 34758	City-State-Zip:	KISSIMMEE FL 34758

Title	SECRETARY
Name	AUDAIN, DORETTE
Address	2586 ISABELA DR.
City-State-Zip:	KISSIMMEE FL 34743

*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:** TRYPHENIA SONNYLAL

**REGISTERED AGENT**

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date