

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001367

Entity Name: THE CENTER OF OPEN HANDS MINISTRY INC.**Current Principal Place of Business:**3029 20TH AVE SO
ST PETERSBURG , FL 33712**Current Mailing Address:**3029 20TH AVE SO
ST PETERSBURG , FL 33712 US**FEI Number:** 45-4525832**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SONNYLAL, TRYPHENIA
3029 20TH AVE SO
ST PETERSBURG , FL 33712 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

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIR
Name	SONNYLAL, TRYPHENIA
Address	3029 20TH AVE SO
City-State-Zip:	ST PETERSBURG FL 33712

Title	DIRECTOR OF OPERATIONS
Name	SONNYLAL, NEHEMIAH
Address	3029 20TH AVE SO
City-State-Zip:	ST PETERSBURG FL 33712

Title	SECRETARY
Name	AUDAIN, DORETTE
Address	2853 CLUB CORTILE CIRCLE
City-State-Zip:	KISSIMMEE FL 34746

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**EXE. DIRECTOR**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date