

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001367

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

**Current Principal Place of Business:**

4700 MILLENIA BOULEVARD  
SUITE #175  
ORLANDO,, FL 32839

**Current Mailing Address:**

4554 FICUS TREE RD.  
KISSIMMEE, FL 34758 US

**FEI Number:** 45-4525832

**Certificate of Status Desired:** No

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

SONNYLAL, TRYPHENIA  
4554 FICUS TREE RD  
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

04/28/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name SONNYLAL, TRYPHENIA  
Address 4554 FICUS TREE RD.  
City-State-Zip: KISSIMMEE FL 34758

*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

DIR

04/28/2013

Electronic Signature of Signing Officer/Director Detail

Date