

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003974

Entity Name: JOINING HANDS MISSION, INC.**Current Principal Place of Business:**C/O STEPHEN O.COLE, ESQ
625 COURT STREET SUITE 200
CLEARWATER, FL 33756**Current Mailing Address:**POST OFFICE 603
NEW PORT RICHEY, FL 34653 US**FEI Number:** 46-5619539**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COLE, STEPHEN O ESQUIRE
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 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	T/D
Name	GIBEAU, JOHN
Address	8900 WHISTLER WAY
City-State-Zip:	HUDSON FL 34667

Title	S/D
Name	RYAN, JAMES H
Address	11440 DORIAN COURT
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	VP
Name	MARCUS, IRENE
Address	C/O STEPHEN O.COLE, ESQ 625 COURT STREET SUITE 200
City-State-Zip:	CLEARWATER FL 33756

Title	D
Name	RYAN, LYNN S
Address	C/O STEPHEN O.COLE, ESQ 625 COURT STREET SUITE 200
City-State-Zip:	CLEARWATER FL 33756

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: JAMES H. RYAN**SECRETARY****04/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date