

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000012574

Entity Name: HANDS OF HOPE TO THOSE IN NEED MINISTRY INC.

Current Principal Place of Business:

840 FT SMITH BLVD
DELTONA, FL 32738

Current Mailing Address:

1526 MONROE ST
DELAND, FL 32720 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

IRIZARRY, YVETTE
1526 MONROE ST
DELAND, FL 32720 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: YVETTE IRIZARRY

06/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name IRIZARRY, YVETTE
Address 1526 MONROE ST
City-State-Zip: DELAND FL 32720

Title CHAPLAIN
Name ARROYO, EDWIN
Address 840 FT SMITH BLVD
City-State-Zip: DELTONA FL 32738

Title PASTOR
Name REV. JACOB PIZARRO
Address 840 FORT SMITH
City-State-Zip: DELTONA FL 32738

Title VOLUNTEER
Name BATISTA, REINA
Address 840 FT SMITH BLVD
City-State-Zip: DELTONA FL 32738

Title MISSIONARY
Name RAMOS, CATALINA
Address 840 FT SMITH BKVD
City-State-Zip: DELTONA FL 32725

Title MISSIONARY
Name PIZARRO, RUTH
Address 840 FT SMITH BLVD
City-State-Zip: DELTONA FL 32738

Title VOLUNTEER
Name RODRIGUEZ, MAGDALENA
Address 840 FT SMITH BLVD
City-State-Zip: DELTONA FL 32738

Title VOLUNTEER
Name ARROYO, IRENE
Address 840 FT SMITH BLVD
City-State-Zip: DELTONA FL 32738

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: YVETTE IRIZARRY

DIRECTOR

06/19/2024

Electronic Signature of Signing Officer/Director Detail

Date