

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010679

**Entity Name:** KALIVIA'S ANGELIC HANDS, INC

**Current Principal Place of Business:**

2903 WOODRICH DR APT D  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2903 WOODRICH DR APT D  
TALLAHASSEE, FL 32301 US

**FEI Number:** 85-2453338

**Certificate of Status Desired:** No

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

HONEYWOOD, CECILIA A  
2331 NW 119TH ST APT 204  
MIAMI, FL 33167 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 P  
Name ROLLINS, RENAE  
Address 516 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title ED  
Name WILLIAMS, KESI  
Address 516 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title TD  
Name LOFTON, TANGELA  
Address 524 N MLK BLVD  
City-State-Zip: TALLAHASSEE FL 32301

Title VP  
Name EVANS, RON II  
Address 810 WADSWORTH ST  
211C  
City-State-Zip: TALLAHASSEE FL 32304

Title SD  
Name MANDELL, ANNA  
Address 1814 SHARON RD  
City-State-Zip: TALLAHASSEE FL 32303

*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:** KESI WILLIAMS

**EXECUTIVE DIRECTOR**

**02/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date