

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000011813

**Entity Name:** RWOMI HANDS INC

**Current Principal Place of Business:**

4846 N UNIVERSITY DRIVE  
PMB 375  
LAUDERHILL, FL 33351

**Current Mailing Address:**

4846 N UNIVERSITY DRIVE  
PMB 375  
LAUDERHILL, FL 33341

**FEI Number:** 92-1279455

**Certificate of Status Desired:** No

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

RESTORATION WORLD OUTREACH MINISTRIES INC  
4846 N UNIVERSITY DRIVE  
PMB 375  
LAUDERHILL, FL 33351 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            PRESIDENT  
Name            LYSTON, MICHELLE  
Address        4846 N UNIVERSITY DRIVE PMB 375  
City-State-Zip: LAUDERHILL FL 33470

Title            DIRECTOR  
Name            BROTHERTON, NADRA  
Address        4846 N UNIVERSITY DRIVE PMB 375  
City-State-Zip: LAUDERHILL FL 33351

Title            DIRECTOR  
Name            JEAN LOUIS, THERESE  
Address        4846 N UNIVERSITY DRIVE PMB 375  
City-State-Zip: LAURDERHILL FL 33351

Title            DIRECTOR  
Name            DIMUCCIO, SOPHIA  
Address        4846 N UNIVERSITY DRIVE  
                  PMB 375  
City-State-Zip: LAUDERHILL FL 33351

*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:** NADRA S BROTHERTON

**DIRECTOR**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date