2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001617

Entity Name: HANDS OF HOPE MINISTRY, INC.

FILED Feb 11, 2005 Secretary of State

Current Pr	rincipal Place of Business:	New Princ	ipal Place of Business:
	/ELAND ST. OOD, FL 33021		
Current Mailing Address:		New Maili	ng Address:
3500 CLEVELAND ST. HOLLYWOOD, FL 33021			
FEI Number:	31-1703270 FEI Number Applied For () FEI N	lumber Not App	licable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
3500 CLEV	SON, RALPH /ELAND ST. OOD, FL 33021 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
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete CHATTERSON, RALPH 3500 CLEVELAND ST. HOLLYWOOD, FL 33021	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition CHATTERSON, BEVERLY 3500 CLEVELAND ST. HOLLYWOOD, FL 33021
Title: Name: Address: City-St-Zip:	SD () Delete CHATTERSON, BEVERLY 2500 CLEVELAND ST. HOLLYWOOD, FL 33021	Title: Name: Address: City-St-Zip:	STD (X) Change () Addition CHATTERSON, RALPH 2500 CLEVELAND ST. HOLLYWOOD, FL 33021
Title: Name: Address: City-St-Zip:	TD () Delete THORELL, ROBERT 2878 SW 58TH COURT FORT LAUDERDALE, FL 33312	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BATES, RICHARD 4201 N OCEAN DR #607 HOLLYWOOD, FL 33319
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BATES, KAREN 4201 N OCEAN DR #607 HOLLYWOOD, FL 33319
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HOWELL, GARY 1625 YELLOW HEART WAY HOLLYWOOD, FL 33319
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HOWELL, JOAN 1625 YELLOW HEART WAY HOLLYWOOD, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RALPH CHATTERSON STD 02/11/2005