

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2006**  
**Secretary of State**

DOCUMENT# N00000001617

Entity Name: HANDS OF HOPE MINISTRY, INC.

**Current Principal Place of Business:**

3500 CLEVELAND ST.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3500 CLEVELAND ST.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 31-1703270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CHATTERSON, RALPH  
3500 CLEVELAND ST.  
HOLLYWOOD, FL 33021      US

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

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:**

Title: PD      ( ) Delete  
Name: CHATTERSON, BEVERLY  
Address: 3500 CLEVELAND ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD      ( ) Delete  
Name: CHATTERSON, RALPH  
Address: 2500 CLEVELAND ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D      ( ) Delete  
Name: BATES, RICHARD  
Address: 4201 N OCEAN DR # 607  
City-St-Zip: HOLLYWOOD, FL 33319

Title: D      ( ) Delete  
Name: BATES, KAREN  
Address: 4201 N OCEAN DR #607  
City-St-Zip: HOLLYWOOD, FL 33319

Title: D      ( ) Delete  
Name: HOWELL, GARY  
Address: 1625 YELLOW HEART WAY  
City-St-Zip: HOLLYWOOD, FL 33319

Title: D      ( ) Delete  
Name: HOWELL, JOAN  
Address: 1625 YELLOW HEART WAY  
City-St-Zip: HOLLYWOOD, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD      (X) Change ( ) Addition  
Name: CHATTERSON, RALPH  
Address: 3500 CLEVELAND ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date