

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001617

FILED
Jan 25, 2007
Secretary of State

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 ()

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: 3500 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 (X) Delete
Name: HOWELL, GARY
Address: 1625 YELLOW HEART WAY
City-St-Zip: HOLLYWOOD, FL 33319

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

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

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

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

Electronic Signature of Signing Officer or Director

S,T

01/25/2007

Date