

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01064

Entity Name: LOVING HANDS MINISTRIES, INC.

FILED
Aug 25, 2004
Secretary of State

Current Principal Place of Business:

9511 36 AVE E
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1157
BRADENTON, FL 342061157 US

New Mailing Address:

FEI Number: 59-2573982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, WENDELL C
9511 36TH AVE E
PALMETTO, FL 34221 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: WILSON, WENDELL C
Address: 9511 36TH AVE. EAST
City-St-Zip: PALMETTO, FL

Title: D () Delete
Name: WILSON, DORIS J
Address: 9511 36TH AVE EAST
City-St-Zip: PALMETTO, FL 34221 US

Title: SD () Delete
Name: BROWN, PAUL A
Address: 15 ESSINGTON LANE
City-St-Zip: PALM COAST, FL 32164 US

Title: D () Delete
Name: ROGERS, JERRY
Address: PO BOX 346
City-St-Zip: BRADENTON, FL 34206 US

Title: D () Delete
Name: RUTZEN, GEOFFREY
Address: 34430 ORCHID PKWY
City-St-Zip: RIDGE MANOR, FL 33525 US

Title: D () Delete
Name: VAN BLARCOM, JOSEPH
Address: P.O. BOX 4174
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: WENDELL C WILSON

PD

08/25/2004

Electronic Signature of Signing Officer or Director

Date