2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# N07000010302

Entity Name: MOVING HANDS OF GOD'S MINISTRY, INC

Current Principal Place of Business:

5317 NORTH WEST 107 AVENUE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5317 NORTH WEST 107 AVENUE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PITTERS, MARK A
5317 NORTH WEST 107 AVENUE
CORAL SPRINGS, FL 33076 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: P ( ) Delete
Name: PITTERS, MARK A
Address: 5317 NORTH WEST 107 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SEC ( ) Delete
Name: PITTERS, SHARON
Address: 5317 NORTH WEST 107 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Delete
Name: PITTERS, NORMA
Address: 5317 NORTH WEST 107 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change ( ) Addition
Name: PITTERS, NORMA L
Address: 5317 NORTH WEST 107 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D (X) Change ( ) Addition
Name: GREEN, JOAN
Address: 12344 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: M ( ) Change (X) Addition
Name: AVIA, WOONS
Address: 12344 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify 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: MARK A. PITTERS P 07/15/2008
Electronic Signature of Signing Officer or Director — Date