2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2015
Secretary of State
CC6326396765

DOCUMENT# N14000008708

Entity Name: HIS HANDS MINISTRIES OF FLORIDA, INC.

Current Principal Place of Business:

9529 SHADOW LANE
FORT PIERCE, FL 34951

Current Mailing Address:

9529 SHADOW LANE
FORT PIERCE, FL 34951

FEI Number: 47-1542193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REED, SHANNYN
9529 SHADOW LANE
FORT PIERCE, FL 34951 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

Officer/Director Detail :

Title	D
Name	REED, RYAN
Address	9529 SHADOW LANE
City-State-Zip:	FORT PIERCE FL 34951

Title	D
Name	GUESS, TOM
Address	555 OSLO RD
City-State-Zip:	VERO BEACH FL 32962

Title	D
Name	JEFFERSON, TOM
Address	7300 COMMERCIAL CIRCLE
City-State-Zip:	FORT PIERCE FL 34951

Title	D
Name	WALLS, DAVID
Address	7300 COMMERCIAL CIRCLE
City-State-Zip:	FORT PIERCE FL 34951

Title	D
Name	REED, DALE
Address	7300 COMMERCIAL CIRCLE
City-State-Zip:	FORT PIERCE FL 34951

Title	D
Name	REED, SHANNYN
Address	9529 SHADOW LANE
City-State-Zip:	FORT PIERCE FL 34951

I hereby 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 all other like empowered.

SIGNATURE: SHANNYN L REED — REGISTERED AGENT — 04/21/2015

Electronic Signature of Signing Officer/Director Detail — Date