

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770227

FILED  
Mar 18, 2008  
Secretary of State

**Entity Name:** HAND TO THE PLOW MINISTRIES, INC.

**Current Principal Place of Business:**

16221 RAWLS ROAD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

16221 RAWLS ROAD  
SARASOTA, FL 34240 US

**New Mailing Address:**

**FEI Number:** 59-2334501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CODER, STEPHEN K  
16221 RAWLS ROAD  
SARASOTA, FL 34240 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: CODER, STEPHEN K  
Address: 16221 RAWLS RD.  
City-St-Zip: SARASOTA, FL 34240 US

Title: SD ( ) Delete  
Name: BRYANT, GEORGE L  
Address: 16120 RAWLS ROAD  
City-St-Zip: SARASOTA, FL 34240 US

Title: TD ( ) Delete  
Name: JOYNER, DOYLE E  
Address: 815 LAKEVIEW DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: D ( ) Delete  
Name: ANDERSON, DAVID L  
Address: 4500 SOUTHRIDGE DR  
City-St-Zip: LOUISVILLE, KY 40272 US

Title: D ( ) Delete  
Name: THOMSON, RODNEY P  
Address: 639 OAK FORD ROAD  
City-St-Zip: SARASOTA, FL 34240 US

**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  
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 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: STEPHEN CODER

PD

03/18/2008

Electronic Signature of Signing Officer or Director

Date