

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770227

FILED
Feb 17, 2009
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:

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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

02/17/2009

Electronic Signature of Signing Officer or Director

Date