

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006025

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: HAND OF GOD MINISTRIES, INC.

## Current Principal Place of Business:

10370 SW 220 ST,  
SUITE 131  
MIAMI, FL 33190

## New Principal Place of Business:

## Current Mailing Address:

10370 SW 220 ST,  
SUITE 131  
MIAMI, FL 33190

## New Mailing Address:

FEI Number: 01-0590534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIGNON, CLAIRE-MARIE  
10370 SW 220 ST, SUITE 131  
MIAMI, FL 33190 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: MIGNON, CLAIRE-MARIE  
Address: 10370 SW 220 ST, SUITE 131  
City-St-Zip: MIAMI, FL 33190

Title: VD ( ) Delete  
Name: JULIEANNE, PINDER PASTOR  
Address: 13816 NW 7 AVE  
City-St-Zip: MIAMI, FL 3 3168

Title: SD ( ) Delete  
Name: PIERRE, PAOLA  
Address: 8661 NW 4 TE #907  
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete  
Name: JEAN, FREDERIQUE  
Address: 4610 SW 157 TE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MIGNON, CLAIRE-MARIE  
Address: 10370 S.W. 220 ST, SUITE 131  
City-St-Zip: MIAMI, FL 33190

Title: VD (X) Change ( ) Addition  
Name: JULIEANNE, PINDER PASTOR  
Address: 730 N.E. 130 STREET  
City-St-Zip: MIAMI, FL 3 3161

Title: SD (X) Change ( ) Addition  
Name: PIERRE, PAOLA  
Address: 8661 N.W. 4 TE #907  
City-St-Zip: MIAMI, FL 33126

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: CLAIRE-MARIE MIGNON

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date