

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006901

FILED
Mar 04, 2004
Secretary of State**Entity Name:** FRIENDLY HAND MINISTRY OF ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**4105 W. LAMBRIGHT ST.
TAMPA, FL 33614**New Principal Place of Business:**4105 W. LAMBRIGHT ST.
TAMPA, FL 33614 US**Current Mailing Address:**4105 W. LAMBRIGHT ST.
TAMPA, FL 33614**New Mailing Address:**4105 W. LAMBRIGHT ST.
TAMPA, FL 33614 US**FEI Number:** 02-0647608**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZACARKIM, CARLOS A
4434 LETO LAKES BLVD.
APT. 202
TAMPA, FL 336143725 US**Name and Address of New Registered Agent:**ZACARKIM, CARLOS A
4105 W. LAMBRIGHT ST.
TAMPA, FL 336143 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: CARLOS A ZACARKIM

03/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ZACARKIM, CARLOS A
Address: 4434 LETO LAKES BLVD. APT. 202
City-St-Zip: TAMPA, FL 336143725**Title:** D () Delete
Name: EVANS, DONALD
Address: 4434 LETO LAKES BLVD. APT. 202
City-St-Zip: TAMPA, FL 336143725**Title:** D () Delete
Name: ZACARKIM, MARINALVA S
Address: 4434 LETO LAKES BLVD. APT. 202
City-St-Zip: TAMPA, FL 336143725**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: ZACARKIM, CARLOS A
Address: 4105 W LAMBRIGHT ST
City-St-Zip: TAMPA, FL 33614 US**Title:** D (X) Change () Addition
Name: EVANS, DONALD
Address: 4105 W LAMBRIGHT ST
City-St-Zip: TAMPA, FL 33614 US**Title:** D (X) Change () Addition
Name: ZACARKIM, MARINALVA S
Address: 4105 W LAMBRIGHT ST
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLOS A ZACARKIM

DIR

03/04/2004

Electronic Signature of Signing Officer or Director

Date