

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000277

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** HIS EXTENDED HANDS MINISTRIES, INC.

**Current Principal Place of Business:**

1780 NW 88TH ST  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

1780 NW 88TH ST  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 65-1068621      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      US

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

EDNA, RIVERS  
1780 NW 88 ST  
MIAMI FL, FL 33147      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: EDNA RIVERS

07/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: RIVERS, DESMOND  
Address: 1780 NW 88TH ST  
City-St-Zip: MIAMI, FL 33147

Title: VD      ( ) Delete  
Name: RIVERS, EDNA  
Address: 1780 NW 88TH ST  
City-St-Zip: MIAMI, FL 33147

Title: VD      ( ) Delete  
Name: BROADNAX, PEARL  
Address: 1780 NW 88TH ST  
City-St-Zip: MIAMI, FL 33147

Title: S      ( ) Delete  
Name: KING, SARA  
Address: 1780 NW 88TH ST  
City-St-Zip: MIAMI, FL 33147

Title: T      ( ) Delete  
Name: EMERY, SHIRLEY  
Address: 1780 NW 88 STREET  
City-St-Zip: MIAMI, FL 33147

Title: FS      ( ) Delete  
Name: HALSELL, PATRICIA  
Address: 1780 NW 88 STREET  
City-St-Zip: MIAMI, FL 33147

**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:

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: EDNA RIVERS

VD

07/08/2008

Electronic Signature of Signing Officer or Director

Date