

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000277

FILED
Mar 24, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EDNA, RIVERS
1780 NW 88 ST
MIAMI, 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

03/24/2009

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date