

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000277

FILED  
Feb 02, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1602 NW 95TH 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 33147 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  
Name: RIVERS, DESMOND  
Address: 1780 NW 88TH ST  
City-St-Zip: MIAMI, FL 33147

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

Title: VD  
Name: LOPEZ, PANSY  
Address: 1780 NW 88TH ST  
City-St-Zip: MIAMI, FL 33147

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA HALSELL

FS

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date