

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90080 002 ****61.25

DOCUMENT # N02000005159

1. Entity Name
GOD'S HANDS AGENCY, INC.



Principal Place of Business
2149 AARON AVENUE
ORLANDO, FL 32811

Mailing Address
2149 AARON AVENUE
ORLANDO, FL 32811

2. Principal Place of Business
3472 Basie Pl
Suite, Apt. #, etc.

3. Mailing Address
3472 Basie Pl
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32805

Country
US

Zip
32805

Country
US

02282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3755379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMES-BLUMHAGEN, EARLINE
2149 AARON AVENUE
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Earline Holmes-Blumhagen Earline Holmes-Blumhagen 3/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HOLMES-BLUMHAGEN, EARLINE
STREET ADDRESS 2149 AARON AVENUE
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D ☐ Delete
NAME MILLER, CANDICE
STREET ADDRESS 2307 ASHLAND BLVD.
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D ☐ Delete
NAME MCCANN, WANDA
STREET ADDRESS POST OFFICE BOX 680937
CITY-ST-ZIP ORLANDO, FL 32868

TITLE D ☒ Delete
NAME MARTIN, CHRISTINE
STREET ADDRESS 217 WILMER STREET
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Holmes-Blumhagen, Earline
STREET ADDRESS 3472 Basie Pl
CITY-ST-ZIP Orlando, FL 32805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Melanie Peach
STREET ADDRESS 764 Sherwood Terrace Dr. #205
CITY-ST-ZIP Orlando, FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Earline Holmes-Blumhagen Earline Holmes-Blumhagen 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #