

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005159

FILED
Apr 30, 2008
Secretary of State

Entity Name: GOD'S HANDS AGENCY, INC.

Current Principal Place of Business:

3472 BASIE PL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3472 BASIE PL
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3755379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES-BLUMHAGEN, EARLINE
3472 BOSIE PLACE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

BLUMHAGEN, EARLINE E
3472 BASIE PLACE
ORLANDO, FL 32805 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: EARLINE E. BLUMHAGEN

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLMES-BLUMHAGEN, EARLINE
Address: 3472 BASIE PL
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: MCCANN, WANDA
Address: POST OFFICE BOX 680937
City-St-Zip: ORLANDO, FL 32868

Title: D () Delete
Name: PEACH, MELANIE
Address: 764 SHERWOOD TERRACE DR, # 205
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLUMHAGEN, EARLINE E
Address: 3472 BASIE PL
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: PEACH, MELANIE
Address: 764 SHERWOOD TERRACE DR., # 205
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Change () Addition
Name: JOHNSON, PHYLLIS
Address: 8209 WINDSOR RIDGE
City-St-Zip: ORLANDO, FL 32835

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: PHYLLIS JOHNSON

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date