2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N03000000840

Entity Name: HIS HANDS MINISTRIES, INC.

Current Principal Place of Business:

24A S. COLLEGE ST
MACCLENNY, FL 32063

New Principal Place of Business:

6298 W. RIVER CIR.
MACCLENNY, FL 32063

Current Mailing Address:

P.O. BOX 453
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 05-0553574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLAND, STEPHEN B
6298 WEST RIVER CIRCLE
MACCLENNY, FL 32063 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:	VCT	( ) Delete
Name:	HOLLAND, STEPHEN B	
Address:	6298 WEST RIVER CIRCLE	
City-St-Zip:	MACCLENNY, FL 32063	
Title:	C	( ) Delete
Name:	JOHNSON-HOLLAND, MARY	
Address:	6298 WEST RIVER CIRCLE	
City-St-Zip:	MACCLENNY, FL 32063	
Title:	D	( ) Delete
Name:	CURTIS, GERALD W	
Address:	7632 SOUTHSIDE BLVD. APT. 333	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	TR	( ) Delete
Name:	CAMPBELL, BONNIE	
Address:	P.O. BOX 706	
City-St-Zip:	SANDERSON, FL 32087	
Title:	TR	( ) Delete
Name:	ESCOBAR, MICHELLE	
Address:	P.O. BOX 992	
City-St-Zip:	MACCLENNY, FL 32063	

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:	TR	(X) Change ( ) Addition
Name:	ESCOBAR, MICHELLE	
Address:	10108 N. JEFFERSON AVE., APT. 2	
City-St-Zip:	GLEN ST. MARY, FL 32040	

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN B. HOLLAND CEO 04/10/2007

Electronic Signature of Signing Officer or Director — Date