

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000840

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: HIS HANDS MINISTRIES, INC.

## Current Principal Place of Business:

6298 W. RIVER CIR.  
MACCLENNEY, FL 32063

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 453  
MACCLENNEY, 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  
MACCLENNEY, 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: C ( ) Delete  
Name: HOLLAND, STEPHEN B  
Address: 6298 WEST RIVER CIRCLE  
City-St-Zip: MACCLENNEY, FL 32063

Title: VC ( ) Delete  
Name: JOHNSON-HOLLAND, MARY  
Address: 6298 WEST RIVER CIRCLE  
City-St-Zip: MACCLENNEY, FL 32063

Title: D ( ) Delete  
Name: CURTIS, GERALD W  
Address: 7632 SOUTHSIDE BLVD. APT. 333  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TR (X) Delete  
Name: CAMPBELL, BONNIE  
Address: P.O. BOX 706  
City-St-Zip: SANDERSON, FL 32087

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: STEPHEN B. HOLLAND

C

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date